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LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

FORTY-FIFTH

ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE

YEAR ENDED 31st DECEMBER, 1953.

PRESTON:

PRINTED BY T. SNAPE & CO., LTD., BOLTON'S COURT.

1954.



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SCHOOL HEALTH SUB-COMMITTEE (1953).

THE CHAIRMAN OF THE COUNTY COUNCIL—

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Lady Openshaw, J.P.
(Deceased 24th June, 1953.)

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Peter Longworth, Esq.

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F. W. Pickles, Esq.

Mrs. S. Pimblett

J. Prestwich, Esq.

Fred Taylor, Esq.

Joseph H. Taylor, Esq.

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A. Guest, Esq., C.A., J.P.

J. C. Platt, Esq., M.Sc.

Lady Robinson, J.P.

Rev. Canon W. Rowe, M.A.

Mrs. O. A. Williams, M.A.

CHIEF EDUCATION OFFICER—

Sir Arthur Binns, C.B.E., M.C., M.A., B.Sc.

MEDICAL STAFF.

(JOINTLY WITH HEALTH AND WELFARE SERVICES.)

County Medical Officer of Health and Principal School Medical Officer.

S. C. Gawne, M.D., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H., Barrister-at-Law.

Deputy County Medical Officer of Health and School Medical Officer.

T. S. Hall, M.B.E., T.D., B.Sc., M.D., B.Ch., B.A.O., D.R.C.O.G., D.P.H.. (Resigned 30/4/53.)

Chief Assistant County Medical Officers of Health and School Medical Officers.

R. W. Eldridge, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.P.A.

T. S. Jones, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer.

L. B. Corner, L.D.S., R.C.S. (Edin.).

Superintendent School Nurse and Health Visitor.

Miss Evelyn Robinson. (Resigned 12/9/53.)

Assistant Superintendent School Nurses and Health Visitors.

Miss M. Edwards.

Miss T. F. Melsher.

Miss K. Perryer.

Miss C. E. Sherman.

Divisional School Medical Officers.

F. W. Bunting, M.B.E., M.D., Ch.B., D.P.H.

A. C. Crawford, T.D., M.B., Ch.B., D.P.H., D.T.M.

A. Dodd, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

R. W. Farquhar, B.Sc., M.B., Ch.B., D.P.H.

J. G. Hailwood, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

T. P. O'Grady, M.B., B.Ch., B.A.O., D.P.H.

G. H. Potter, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

R. E. Robinson, M.A., M.R.C.S., L.R.C.P., D.P.H.

T. P. Sewell, M.D., Ch.B., D.P.H.

A. S. Simpson, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

A. V. Stocks, M.A., M.B., B.Ch., D.P.H.

E. Taylor, M.B., Ch.B., D.P.H.

C. H. T. Wade, B.Sc., M.D., Ch.B., D.P.H.

E. H. Walker, M.B., Ch.B. D.P.H.

J. Walker, M.B., Ch.B., D.P.H., L.D.S., D.P.D.

R. C. Webster, B.Sc., M.D., B.Ch., B.A.O., D.C.H., D.P.H.

J. L. Wild, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers.

- Hazel I. Ashford, M.B., Ch.B., D.P.H.
 Constance Atkinson, M.B., Ch.B., D.P.H.
 Beryl A. Barlow, M.B., Ch.B., D.P.H.
 Evelyn F. Bebbington, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
 Helen G. M. Bennett, M.B., Ch.B., D.P.H.
 Doris J. Black, B.A., M.B., B.Ch., B.A.O. (Appointed 5/1/53.)
 J. Brooks, M.R.C.S., L.R.C.P., D.P.H.
 N. Broughton, M.B., Ch.B.
 *Elizabeth Calderwood-Smith, M.B., Ch.B., D.P.H.
 P. G. Cannon, M.B., Ch.B., D.P.H. (Appointed 3/11/53.)
 P. V. Cant, M.B., Ch.B., D.P.H.
 J. D. Carroll, M.B., B.Ch., B.A.O., D.C.H., D.P.H.
 Elsie Catlow, B.Sc., M.B., Ch.B., D.P.H., J.P.
 Marguerite E. Cliff, M.D., Ch.B., D.P.H.
 Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.
 J. L. Cotton, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Resigned 30/4/53.)
 *Edith A. Cunliffe, M.B., Ch.B.
 Marjorie T. Dare, M.B., Ch.B.
 *R. S. Davidson, M.R.C.S., L.R.C.P., D.P.H.
 J. N. Dobson, M.B., Ch.B., D.P.H.
 D. J. Doherty, M.B., Ch.B., D.P.H.
 M. J. Donelan, M.B., B.Ch., D.P.H. (Resigned 31/3/53.)
 *Beryl Edgecombe, M.B., Ch.B., D.P.H. (Appointed 18/11/53.)
 T. M. Edward, M.B., Ch.B.
 W. J. Elwood, M.B., Ch.B., B.A.O., D.P.H.
 Mary Evans, M.B., Ch.B., D.P.H.
 Margaret A. Feeny, M.B., Ch.B., B.A.O., D.P.H.
 Maud M. Frankland, M.R.C.S., L.R.C.P., D.R.C.O.G.
 G. Fyfe, M.B., Ch.B., D.P.H.
 Isobel M. Fyfe, M.B., Ch.B., D.P.H.
 D. H. Gawith, M.R.C.S., L.R.C.P., D.P.H.
 Patricia F. M. B. Gould, M.B., Ch.B., D.P.H.
 *E. Graham-Elwell, M.B., Ch.B. (Appointed 12/8/53.)
 Mary Hamill, M.B., B.Ch., B.A.O., D.P.H. (Resigned 30/11/53.)
 G. G. W. Hay, M.B., Ch.B.
 W. S. Haydock, B.A., M.D., B.Ch., D.P.H.
 *Margaret A. Hayley, M.B., Ch.B. (Appointed 10/3/53.)
 Bessie Howarth, M.B., Ch.B.
 Irene E. Howorth, B.Sc., M.B., Ch.B., D.R.C.O.G., D.C.H., D.P.H.
 Lilian W. Hughes, M.B., Ch.B.
 Dorothy M. James, B.Sc., M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H., T.D.D.
 R. E. Jones, M.B., Ch.B.
 H. Kempsey, M.B., Ch.B.
 Barbara M. Knight, M.B., Ch.B., D.P.H.
 Hilda M. Levis, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
 *W. F. Lyle, B.Sc., M.D., B.Ch., B.A.O., D.P.H.
 Ella MacDonald, M.B., Ch.B., D.P.H.
 Alice T. McGlinchey, L.R.C.P. & S., D.C.H., D.P.H. (Appointed 1/10/53.)
 J. F. McGovern, M.B., B.Ch., B.A.O., M.Ch., D.P.H.
 J. McGovern, M.B., Ch.B., D.P.H. (Appointed 1/4/53.)
 J. McHugh, M.B., B.S., D.P.H. (Appointed 28/9/53.)
 D. K. MacTaggart, M.A., M.B., Ch.B., D.P.H.
 June M. MacTaggart, M.B., Ch.B., D.P.H.
 Susan H. Montgomery, M.B., Ch.B.
 Alexandrina M. M. Parker, M.B., Ch.B., L.R.C.P. & S., D.P.H., D.T.M. & H.
 J. Patterson, M.B., B.Ch., B.A.O., D.P.H.

- T. A. Phillips, M.B., Ch.B., D.P.H.
 W. A. Pollitt, M.R.C.S., L.R.C.P., D.P.H. (Appointed 20/7/53.)
 Roberta T. Rankin, M.B., Ch.B., D.P.H.
 Elspeth M. Richardson, M.B., Ch.B. (Resigned 31/12/53.)
 *Jean Robson, M.B., Ch.B., D.C.H.
 *C. Royle, M.B., Ch.B., D.C.H.
 P. M. Sammon, M.B., Ch.B., D.P.H. (Appointed 17/8/53.)
 H. G. Seed, M.B., Ch.B.
 Fanny Stang, M.D., L.R.C.P., L.R.C.S.
 G. A. Steele, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H. (Resigned 22/9/53.)
 Mary Townend, M.B., Ch.B., D.P.H.
 *A. E. Wall, M.B., Ch.B., D.P.H.
 *Sheila M. Wheeler, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.R.C.O.G., D.P.H.
 (Appointed 11/5/53.)
 Cecilia F. G. Wild, M.B., Ch.B. (Resigned 31/10/53.)
 J. D. Willins, M.B., Ch.B. (Appointed 7/12/53.)
 C. R. Wilson, M.B., Ch.B., D.P.H.
 *A. Withnell, B.Sc., M.B., Ch.B., D.P.H. (Appointed 20/4/53.)

*Part-time.

School Dental Officers.

(Whole-time).

- R. Ackers, L.D.S.
 H. J. Appleyard, L.R.C.P.S., L.R.F.P.S., L.D.S.
 T. N. Ashall, L.D.S.
 T. A. M. Ashman, L.D.S.
 Joan M. Bullough, L.D.S.
 Margaret E. Caldwell, L.D.S.
 R. V. Clarke, L.R.C.P. & S., L.D.S.
 G. H. Craine, B.D.S.
 E. Crosbie, L.D.S.
 F. J. W. Dewhurst, L.D.S.
 G. Entwisle, L.D.S.
 A. P. Finlay, L.D.S.
 G. E. Frost, L.D.S. (Resigned 8/5/53.)
 J. S. Higham, B.D.S.
 J. F. Higson, B.D.S.
 R. E. Hodgson, B.D.S.
 L. A. Jones, L.D.S.
 Annie M. Kean, L.D.S. (Resigned 22/8/53.)
 Annelore I. Kurer, B.D.S.
 W. A. Linnell, L.D.S.
 T. G. Lloyd, L.D.S.
 Constance Marsden, L.D.S.
 E. V. Pollitt, L.D.S. (Retired 31/10/53.)
 A. W. Poole, L.D.S.
 B. H. Reid, L.D.S.
 G. C. Royley, L.D.S.
 A. E. Shaw, B.D.S.
 H. O. Silcock, L.D.S.
 I. D. J. Smith, L.D.S.
 L. E. Stirzaker, L.D.S.
 H. V. O. Trenbath, L.D.S.
 A. C. Walker, L.D.S.
 T. H. Wignall, L.D.S.
 L. C. Winstanley, L.D.S. (Resigned 31/5/53.)
 Bertha D. Worswick, B.D.S.

(Part-time).

C. Allmark, L.D.S. (Appointed 1/7/53.)
 H. S. Ashworth, L.D.S. (Appointed 2/4/53.)
 J. Barcroft, L.D.S.
 J. Bell, L.D.S. (Appointed 1/9/53.)
 A. E. Butler, L.D.S.
 P. F. Cunningham, L.D.S.
 A. G. Green, L.D.S. (Appointed 21/5/53.)
 P. G. B. Griffin, L.D.S. (Appointed 1/9/53.)
 R. Hawksworth, L.D.S.
 N. P. Hilton, L.D.S. (Appointed 8/6/53.)
 A. Hodgkinson, L.D.S. (Appointed 9/2/53.)
 Beryl Levy, L.D.S.
 A. B. McHugh, L.D.S. (Appointed 8/6/53.)
 L. Mason, L.D.S.
 Maggie Robinson, L.D.S.
 J. W. Sidebottom, L.D.S.
 J. Smith, L.D.S.
 A. D. Torry, L.D.S.
 F. Wallwork, L.D.S. (Appointed 11/6/53.)
 E. B. Watson, L.D.S. (Appointed 11/3/53.)
 T. B. Watson, L.D.S. (Appointed 1/10/53.)
 T. K. Whitaker, L.D.S.
 W. A. Wolfendale, L.D.S.
 W. Wright, L.D.S.

Orthodontists.*(Part-time).*

L. C. E. Hodgkins, L.D.S.	|	J. R. E. Mills, L.D.S., F.D.S.
(Appointed 4/9/53.)	|	F. D. Rowe, L.D.S.
J. W. Softley, B.D.S., F.D.S.		

Dental Anaesthetists.*(Part-time).*

E. D. Badge, L.D.S. (Deceased 2/3/53.)
 J. B. Davies L.D.S.
 L. K. Gray, L.D.S.
 J. S. Johnston, M.B., B.Ch., B.A.O.
 W. Levy, M.B., Ch.B., D.P.H. (Appointed 23/2/53.)
 W. D. Oliver, M.B., Ch.B.
 J. F. O'Grady, T.D., M.B., Ch.B., L.A.H.
 R. S. Ritson, M.A., M.B., Ch.B.
 E. Scott, M.R.C.S., L.R.C.P.
 M. W. Sellars, M.B., B.Ch., B.A.O.
 J. Tierney, L.R.C.P. & S.
 F. W. Williams, B.D.S.

Ophthalmic Surgeons.*(Part-time).*

E. Allen, M.B., Ch.B.
 H. B. Barker, M.B., B.S., M.R.C.S., L.R.C.P.
 J. Berkson, M.B., Ch.B., D.O.M.S., D.A.
 T. S. Blacklidge, M.D., B.S., M.R.C.S., L.R.C.P., D.O.M.S.
 B. Boas, M.D.

J. M. Brodrick, M.R.C.S. L.R.C.P.
 T. Chadderton, M.R.C.S., L.R.C.P., D.O.M.S.
 C. M. Geddie, M.B., Ch.B.
 L. B. Hardman, L.R.C.P., L.R.C.S., L.R.F.P.S., D.O.M.S.
 H. C. Kodilinye, M.B., Ch.B., D.O.M.S., D.O.
 Monica Low, M.R.C.S., L.R.C.P., D.O.M.S.
 N. MacInnes, M.A., M.B., Ch.B.
 J. Matthews, M.R.C.S., L.R.C.P., D.P.H.
 E. J. Mitchell, M.B., Ch.B.
 J. M. Morrison, M.B., Ch.B.
 D. Plum, M.R.C.S., L.R.C.P., D.T.M., D.O.M.S.
 G. A. Renwick, Ch.M., M.B.
 Dorothy Simmon, M.B., Ch.B.
 S. B. Smith, M.R.C.S., L.R.C.P., D.O.M.S.
 W. Sykes, L.R.C.P., L.R.C.S., L.R.F.P.S.
 H. V. White, M.C., M.D., Ch.B.

Aural Surgeons.

(Part-time).

A. F. Brown, M.B., Ch.B., F.R.F.P.S., F.R.C.S. (Edin.).
 J. Evans, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., F.R.C.S. (Edin.).
 M. J. Maxwell, M.B., Ch.B., F.R.C.S. (Edin.).
 R. H. Smith, M.R.C.S., L.R.C.P., F.R.C.S. (Edin.), D.L.O.
 A. J. Stout, M.B., Ch.B., F.R.C.S. (Edin.).
 R. V. Tracy-Forster, M.B., Ch.B., D.L.O.
 J. M. Wishart, M.B., Ch.B., F.R.C.S. (Edin.).

Consultant Orthopaedic Surgeon.

(Part-time).

Professor Sir Harry Platt, M.S., M.D., F.R.C.S., F.A.C.S.

Orthopaedic Surgeons.

(Part-time).

R. W. Agnew, M.B., Ch.B., F.R.C.S., M.Ch. (Orth.).
 H. G. A. Almond, M.B., Ch.B., M.R.C.S., L.R.C.P., F.R.C.S., M.Ch. (Orth.).
 Jean T. W. Bucknell, M.B., Ch.B.
 A. P. Gracie, M.B., Ch.B., F.R.C.S.
 Marguerite F. Johnstone, M.B., Ch.B.
 I. D. Kitchin, M.B., Ch.B., F.R.C.S. (Edin.).
 E. Knowles, M.B., Ch.B., M.R.C.S., L.R.C.P., F.R.C.S. (Edin.), M.Ch. (Orth.).
 W. Lamont, M.B., Ch.B., F.R.C.S., M.Ch. (Orth.).
 S. M. Milner, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., F.R.C.S.
 C. Murray-Dransfield, M.R.C.S., L.R.C.P., F.R.C.S.
 G. V. Osborne, M.B., Ch.B., F.R.C.S. (Edin.), M.Ch. (Orth.).
 H. C. Palin, M.B., B.Ch.
 A. Ronald, M.D., Ch.B., F.R.C.S.
 E. Strach, M.D., F.R.C.S.

Cardiologist.

(Part-time).

A. L. McAdam, M.D., Ch.B.

Psychiatrists.*(Part-time).*

Anaple F. M. Christie, M.B., B.S., M.R.C.S., L.R.C.P.

Maria Dale, M.D.

Wilhelmina L. Devlin, M.B., Ch.B., D.P.M., D.P.H.

E. Gostynski, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.M.

Speech Therapists.*(Whole-time).*

Mrs. G. Arkle. (Resigned 31/8/53.)

Mrs. B. M. Ashdown.

Miss M. C. Atherton. (Appointed 1/9/53.)

Miss M. E. Barber. (Appointed 1/9/53.)

Miss M. Beedham.

Miss P. M. Davies.

Miss M. Dodson. (Appointed 1/6/53.)

Miss J. Matthews.

Miss C. Ordman. (Resigned 30/4/53.)

Miss A. E. M. Paull.

Miss S. E. Phizackerley.

(Appointed 16/9/53, resigned 30/11/53.)

Miss D. M. Purssord. (Appointed 2/3/53.)

Miss V. M. R. Shiell.

(Part-time).

Miss M. B. Mortimer. (Appointed 1/7/53.)

Miss D. Whatford-Neesham.

(Resigned 28/2/53.)

Orthoptists.*(Whole-time).*

Miss P. T. Dalby

(Part-time).

Miss J. Allanson.

Mrs. M. Macauley. (Resigned 10/7/53.)

Miss S. Sutcliffe.

Itinerant Teachers of the Deaf.

J. J. Finigan.

Miss H. G. Johnson.

E. R. Wall.

Educational Psychologists.*(Whole-time).*

Miss I. H. Bassom.

Mrs. M. Eysymont, M.A.

Miss E. J. Horn, M.A. (Resigned 15/8/53.)

P. C. Love. (Appointed 17/8/53.)

Miss E. M. Milbanke. (Appointed 1/10/53.)

(Part-time).

Miss O. E. Peake. (Resigned 31/1/53.)

Psychiatric Social Workers.*(Whole-time).*

Mrs. W. H. Cottrill.

Miss S. Pennington.

Miss M. Pugh.

(Part-time).

Mrs. H. MacLeod. (Appointed 6/10/53.)

Mrs. J. M. F. Swindells.

(Appointed 10/10/53.)

Physiotherapists.*(Whole-time).*

Miss S. Brown.

Mrs. M. Garrett.

Miss B. Huxtable.

Miss E. M. Smith.

(Part-time).

Mrs. M. Horrocks.

Mrs. H. Jordan.

Miss E. G. Lee

Mrs. P. Rothwell.

Mrs. E. Wade.

Chiropodists.*(Part-time).*

Miss R. Duggan. (Appointed 21/10/53.)

Mrs. E. Hargraves.

P. S. Hargreaves. (Appointed 22/10/53.)

E. I. Hunt. (Appointed 5/11/53.)

School Nurses and Health Visitors.

Miss I. Ackroyd.	Miss G. Evans.
Miss J. Andrew.	Miss E. B. Ferguson.
Miss K. Armstrong.	Mrs. I. Ferguson.
Mrs. A. Ashley.	Miss A. W. M. Fido.
Miss M. L. Ashley.	Miss A. G. Forshaw.
Mrs. M. Ashton.	Miss F. G. Fothergill.
Miss I. Asquith. (Appointed 1/11/53.)	Miss C. E. Fox.
Miss M. Bain.	Miss E. Gammage. (Appointed 1/2/53.)
Mrs. A. Bamber.	Miss E. Gardner.
Miss M. Barker. (Appointed 21/9/53.)	Miss L. W. Gilbert.
Miss O. Barrett.	Miss M. Gill.
Miss E. W. Bates.	Miss F. M. J. Gillen.
Miss H. Bateson.	Miss T. Gorton.
Mrs. A. Beaumont.	Miss M. Gowan.
Miss N. Bennett.	Miss I. Graham.
Miss E. Bibby.	Miss G. E. Gray.
Miss A. Biggs.	Miss C. Greenhalgh.
Miss H. M. E. Black.	Mrs. J. Greenhalgh.
Miss M. M. Blackburn.	Mrs. A. Gregory.
Miss M. Blockey.	Miss H. J. Grieve.
Miss J. Boardman. (Appointed 22/6/53.)	Miss E. Hall.
Mrs. E. Bodley.	Miss M. B. Hall.
Mrs. J. Bolt. (Appointed 26/10/53.)	Miss I. Hanes. (Retired 3/2/53.)
Mrs. J. M. Botes.	Mrs. J. Hanley. (Resigned 9/3/53.)
Miss M. Bradley. (Resigned 26/12/53)	Mrs. M. Hanslip.
Miss L. Brandwood.	Miss H. Hargreaves.
Miss B. Briggs.	Mrs. L. Harker.
Miss L. Broadbent.	Miss E. M. Harrison.
Mrs. A. Brooks.	Miss M. Harrison. (Appointed 13/4/53.)
Miss A. M. Brunt.	Miss L. M. Hartley. (Retired 4/10/53.)
Miss K. A. Bullough. (Resigned 21/11/53.)	Miss J. E. Hawkins. (Appointed 11/6/53.)
Miss M. Bush.	Miss I. Haworth.
Mrs. E. M. Butler. (Appointed 13/7/53).	Miss I. Heap.
Miss M. Butler.	Miss W. Henry.
Miss G. J. Butterworth.	Miss D. M. Hexter.
Miss M. M. Byrne.	Miss D. Higham.
Miss N. Cannell.	Miss S. V. Hitchin.
Mrs. M. Chadwick. (Resigned 30/4/53.)	Miss S. N. Hodgson. (Retired 25/3/53.)
Miss W. Chamberlain.	Mrs. M. Hogg.
Miss V. S. Chamberlin.	Mrs. A. Hohenhaus.
Mrs. D. Chapman.	Mrs. E. M. Hollinrake.
Mrs. E. W. Christian.	Miss S. E. Holt. (Appointed 30/11/53.)
Miss E. M. Clarkson.	Miss V. Houghton. (Resigned 18/6/53.)
Mrs. S. Clayton. (Resigned 30/9/53.)	Miss A. C. Howard.
Miss M. Cleary.	Mrs. F. M. Howard. (Resigned 31/7/53.)
Miss A. Close. (Appointed 22/6/53.)	Mrs. L. Howarth.
Mrs. J. M. Cocker. (Resigned 31/8/53).	Mrs. M. Hoyle. (Resigned 30/6/53.)
Miss K. M. Connor. (Appointed 22/6/53.)	Miss E. Humphreys.
Miss M. Conroy.	Miss N. Hunt. (Retired 12/9/53.)
Mrs. E. A. K. Crippen.	Mrs. B. Hunter.
Miss D. C. Crook.	Mrs. I. E. James.
Miss J. M. Crossfield.	Mrs. I. Jeffrey.
Miss M. E. R. Curtis.	Miss M. H. Jenkinson.
Mrs. M. Cutler. (Appointed 14/9/53.)	Miss P. John. (Resigned 18/4/53.)
Miss A. Davies.	Miss E. Johnson. (Appointed 16/11/53.)
Miss G. Davies.	Miss K. M. Johnstone.
Miss D. Dawson.	Miss H. M. Jones.
Miss K. Devlin.	Mrs. W. Jones.
Miss J. Dickinson. (Appointed 22/6/53).	Mrs. H. Kay.
Miss D. Dodding.	Miss M. S. Keig. (Appointed 13/7/53.)
Mrs. M. A. Dubbeling. (Resigned 30/6/53.)	Miss B. A. Kelly.
Miss T. Dunscombe.	Mrs. E. K. Kenyon.
Miss J. Durose.	Miss M. Kenyon.
Miss N. B. Dyson.	Miss G. K. Lamb.
Miss J. G. Edis.	Miss M. Lamb.
Miss C. M. Edwards.	Miss E. M. Latham.
Miss M. T. Egan. (Resigned 27/12/53.)	Miss M. W. Lawson. (Appointed 9/7/53.)
Miss M. E. Ellerington.	Mrs. E. Lee.
Mrs. H. Emmott.	Mrs. J. Lees.

Mrs. B. Livesey.
 Miss G. M. Lloyd.
 Mrs. E. Lomax.
 Miss M. Luckett.
 Miss E. Lumber.
 Miss A. Lynch.
 Mrs. C. Lynch.
 Miss C. M. M'Cardell.
 Miss A. McCullagh. (Resigned 6/9/53.)
 Miss E. McLennand. (Appointed 2/3/53.)
 Miss A. M. Makin.
 Miss B. M. Malone.
 Mrs. D. Maltman.
 Miss M. E. Marsh.
 Miss E. L. Marsland. (Appointed 1/4/53.)
 Mrs. M. Mather.
 Miss M. A. May.
 Miss A. Melia.
 Miss E. Middlehurst.
 Miss E. Milligan. (Appointed 22/6/53.)
 Miss I. Milne. (Retired 30/4/53.)
 Miss L. Milner.
 Miss A. Molloy. (Appointed 2/3/53.)
 Miss M. A. Moore.
 Miss M. Morris. (Appointed 1/2/53.)
 Mrs. B. Murphy.
 Miss M. B. Murray.
 Miss M. Ogden.
 Miss M. Openshaw.
 Mrs. M. Owen.
 Miss M. E. Owens.
 Miss J. E. H. Paterson.
 Miss M. E. Pearse.
 Miss A. Perkins.
 Miss E. A. Peters.
 Miss K. M. Peters. (Appointed 29/6/53.)
 Mrs. S. E. R. Pickering.
 Miss E. Pickup.
 Miss D. Platt. (Appointed 22/6/53.)
 Miss N. Poole.
 Miss E. Pope.
 Miss G. M. Pringle.
 Miss D. H. Proctor.
 Mrs. E. Prosser.
 Miss L. Raine.
 Miss E. M. Rainford.
 Miss M. Rawe.
 Miss J. Reid. (Resigned 31/12/53.)
 Miss D. E. Rhodes.
 Miss C. P. Richmond.
 Miss E. H. Rigby.
 Mrs. W. M. Rigby. (Appointed 16/2/53.)
 Miss V. Riley.
 Miss M. V. Rimmer.
 Mrs. E. E. Robinson.
 Miss F. M. Robinson. (Appointed 14/10/53.)
 Mrs. L. Robinson. (Appointed 12/1/53.)
 Miss C. R. Ryan.
 Miss M. H. Ryden.
 Miss J. Sanderson.

Miss I. Sandford.
 Miss E. L. Sayce.
 Miss A. J. Scandrett.
 Miss M. Seddon.
 Miss F. Sharples.
 Mrs. A. Shaw.
 Mrs. H. Shaw.
 Mrs. M. C. Shelley.
 Miss I. Silcock. (Appointed 22/6/53.)
 Miss M. Simmons.
 Mrs. T. M. Simmons.
 Miss E. Singleton.
 Miss E. L. Smeltzer.
 Miss A. Smith.
 Miss C. M. Smith.
 Mrs. D. Smith.
 Mrs. G. Smith. (Appointed 25/5/53.)
 Miss L. Smith.
 Miss M. Smith. (Appointed 22/6/53.)
 Mrs. N. B. Smith. (Appointed 1/12/53.)
 Miss A. R. Snape.
 Miss M. Spenceley.
 Miss J. M. Stables.
 Miss E. J. Stanley.
 Mrs. I. Steggles.
 Miss E. W. Stewart, A.R.R.C.
 Miss D. M. Stott. (Resigned 13/2/53.)
 Miss W. V. Sugden.
 Miss R. Sutcliffe.
 Miss H. M. Swain.
 Mrs. A. Thomas.
 Miss B. O. Thomas.
 Miss D. T. Thompson. (Appointed 22/4/53.)
 Miss N. Thornton.
 Miss J. Tomkinson.
 Miss K. I. Truman.
 Miss E. M. Turnbull. (Appointed 1/5/53.)
 Miss W. A. Turton.
 Mrs. D. R. Ullathorne. (Resigned 31/3/53.)
 Miss G. Waddicor.
 Mrs. M. I. Walmesley. (Appointed 4/5/53.)
 Miss A. Walton.
 Mrs. A. Webb.
 Miss J. M. Webster.
 Mrs. G. Weir.
 Mrs. E. Welch.
 Miss A. M. Whitaker.
 Miss B. Whitaker.
 Miss M. Wild.
 Miss M. Wilkinson.
 Miss N. Wilkinson.
 Miss F. E. Williams.
 Miss G. Williams.
 Mrs. K. Williams.
 Miss M. E. Williams.
 Mrs. S. E. Williams. (Resigned 7/11/53.)
 Miss M. Wilson.
 Miss L. M. Winder.
 Mrs. E. T. Wrigley.

School Nurses.

Mrs. L. Agers.
 Mrs. F. C. Ames.
 Miss E. Banks.
 Miss I. J. Brown.
 Mrs. N. Cope. (Appointed 8/4/53.)
 Miss L. Coyne.
 Mrs. M. Crosby.
 Mrs. A. H. Frankland.

Mrs. E. Iddon.
 Mrs. A. E. McKay.
 Mrs. W. J. Parkinson. (Appointed 20/4/53.)
 Miss A. Rimmer. (Retired 3/6/53.)
 Miss L. P. Sparkes.
 Miss A. Ward.
 Miss A. Willman.
 Mrs. S. E. Yates.

Bleasdale House Residential Special School for Physically Handicapped Boys (Junior), Silverdale.

MATRON : Miss G. I. Davidson.

HEAD TEACHER : Miss H. Brown.

Broughton Tower Residential Special School for Delicate Pupils, Broughton-in-Furness.

MATRON : Miss G. Ethall.

HEAD TEACHER : Mr. W. J. G. Nelson. (Resigned 31/3/53.)

Mr. E. G. Sharples. (Appointed 1/7/53.)

Keppleway Residential Special School for Physically Handicapped Girls, Broughton-in-Furness.

MATRON : Miss N. E. Dent.

HEAD TEACHER : Miss G. Abraham.

Sedgwick House Residential Special School for Epileptic Pupils, Sedgwick.

MATRON : Miss O. W. Coates. (Resigned 28/3/53.)

Miss M. I. Crossman. (Appointed 1/6/53.)

HEAD TEACHER : Mr. D. W. Norton.

Singleton Hall Residential Special School for Physically Handicapped Boys (Senior), Singleton.

MATRON : Miss L. E. Cooper.

HEAD TEACHER : Mr. J. H. Fortescue.



LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

SCHOOL HEALTH SUB-COMMITTEE.

FORTY-FIFTH ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

For the Year ended 31st December, 1953.

To the Chairman and Members of the Lancashire Education Committee.

LADIES AND GENTLEMEN,

I beg to submit the Annual Report on the School Health Service for the year 1953.

The report contains details of the various branches of the service with reference in some detail to the facilities provided for pupils who are handicapped.

The total number of inspections was 75,761, an increase of 4,433 over the previous year and some ten thousand more than in 1951. Over 30,000 parents were present at these inspections, an increase of more than eighteen per cent. over the number who attended in 1952. It is becoming clearer year by year that one of the strongest claims of the School Health Service to a high place in the whole field of preventive medicine is the opportunity it gives for consultation between parents and school doctors and nurses. The educative value of these talks extends far beyond a discussion on particular defects, valuable as this is, and can be of the greatest importance in education for health. The fact that so many parents come to school when their children are being examined shows that there is a widespread desire to take advantage of the opportunity to meet the doctor and the nurse and they, on their part, help the parents in every way they can. Indeed it is because the parents have come to know that they will receive helpful and constructive advice in all matters affecting the health of their children that they attend in increasing numbers.

With regard to staff, there was some fluctuation in the number of dentists employed but by appointing part-time staff to replace resignations of whole-time personnel it was possible to increase slightly the equivalent number of whole-time officers.

A further increase in the number of speech therapists from eight to twelve allows still more children with speech defects to be treated and by the end of the year there was every indication that there would soon be sufficient speech therapists to cover the main needs in all parts of the county.

There was again an increase in the number of children referred for orthoptic treatment and this valuable work is now recognised as a permanent feature of the service.

The first new clinic since the war was opened in Droylsden for school and child welfare purposes. This is a two-storey building with the dental department on the first-floor. It is likely that the main plan will be followed for further clinics which are to be erected in other areas.

Singleton Hall completed its first full year as a special school for senior physically handicapped boys. This is the third of the Committee's residential schools for these pupils, the others being Bleasdale House for junior boys and Kepplewrap for girls of all ages. At Singleton Hall and Kepplewrap problems have already arisen which are inevitably linked with the question of discharge. Future employment is a matter of vital importance to these children and everything must be done to fit them for appropriate occupation. Whether they subsequently undergo special training or return home to take up work in the same district under sheltered conditions or otherwise, the aim must be to enable them to play their part, to the fullest possible extent, in the life of the community, and this includes, of course, their employment. With this in view there is close contact with the Youth Employment Officer of the area and the pupils in the school, so that he can be fully aware of all the difficulties in any particular case and can pass on his impressions and recommendations to his opposite number in the pupil's home district. It may well be that more hostel accommodation will be needed for those whose physical condition is so serious that they cannot be looked after satisfactorily at home, when they leave school and possibly for others who, while not so badly handicapped, can only carry on their employment successfully away from home.

A striking feature in the life of the Committee's residential schools is the close association with interested people in the surrounding neighbourhood. Their friendliness is shown by their frequent visits and their interest in children as individuals and they have provided treats of all kinds in the way of coach trips, parties and entertainments. In some instances they have given radio and television sets. Such links are of the greatest possible value to the schools.

In conclusion I wish to express, once again, to the members of the County Council the thanks of the Department for their interest in this work. My thanks are due, in particular, to the Education Committee for their continued support and encouragement.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE.
*County Medical Officer of Health
and Principal School Medical Officer.*

School Health Department,
East Cliff County Offices,
November, 1954.
(Telephone: Preston 4868).

GENERAL STATISTICS.

The table below shows the number of maintained schools in the County area on the 31st December, 1953, and the number of children on the roll :—

Type of School.	No. of Schools.	No. on Roll.
Nursery	38	1,490
Primary	979	214,375
Secondary (Modern)	137	52,001
Secondary (Grammar)	45	22,474
Technical	13	2,401
Special (Day)	7	586
Special (Residential)	7	255
Total	1,226	293,582

In addition, Periodic Medical Inspection has been extended to five non-maintained schools, the number of pupils on roll being 2,687.

CO-ORDINATION OF THE SCHOOL HEALTH SERVICE WITH OTHER HEALTH SERVICES.

The County Medical Officer of Health is also the Principal School Medical Officer and the Chief Welfare Officer and the medical staff in the central office are concerned with the administration of the Public Health Acts, embracing the environmental services, the National Health Service Act, the National Assistance Act, and the School Health Service.

Divisional Administration.

Seventeen health divisions were established in 1948, the areas being as far as possible co-terminous with those of the hospital districts in order to facilitate the co-ordination of all the medical services. The delegated functions are administered by representative divisional health committees to whom the chief adviser is the divisional medical officer appointed by the County Council. Although the areas and populations covered are different from those served by the divisions set up for educational purposes, the number of which is 24, together with two Excepted Districts, a very considerable degree of integration of the two services is possible, as the divisional medical officer is also the divisional school medical officer for the whole of his division. The assistant medical officers and health visitors and school nurses of the division are all responsible for much of the work entailed in the National Health and School Health Services.

There is further co-ordination through the employment of divisional medical officers and assistant divisional medical officers as medical officers of health of the County Districts and in 81 out of 109 districts, medical officers of the County staff act in this capacity.

The dental staff are mainly engaged in the School Health Service but have responsibilities also in the care of mothers and young children. With few exceptions the school nurses are also health visitors.

The advantages of these arrangements have been manifest, and the fact that the same officers undertake responsibilities in the different services enables them constantly to view the health services as a whole, a matter of real moment to those for whom the services are provided. The officers are, by these means, provided with great opportunities for dealing with problems of preventive medicine on a wide basis.

The following table shows the relationship in 1953 between Health and Education Divisions :—

Health Division.	Education Executive Area.	
	Whole.	Part.
1	1	—
2	—	2
3	—	3
4	10	2, 3, 4, 5, 14.
5	7	5, 9.
6	6	5
7	11, 12	4
8	13	14
9	16, Widnes Ex. Dist.	—
10	17	—
11	15	9, 14, 18
12	19	8
13	—	8, 20
14	—	20, 23
15	22	18, 21
16	Stretford Ex. Dist.	21
17	24.	23

Diphtheria Immunisation.

The scheme of the County Council for immunisation lays upon health visitors, most of whom are also school nurses, the duty of ensuring that children are presented for primary immunisation before their first birthday and, as there is evidence that the immunity conferred wanes with time, again on attaining school age.

Arrangements have been made in each Health Division whereby diphtheria immunisation sessions are held periodically at child welfare centres and other suitable centres, such as schools and school clinics. In addition, medical practitioners take part in the scheme, either by conducting sessions or in the course of their private practice.

The table below shows the number of children immunised during 1953, together with those so protected during each of the previous seven years :—

Year.	Number who completed a full course of primary immunisation during year at ages—			Number of reinforcement injections given (<i>i.e.</i> , subsequent to complete course).
	Under five.	5—14 inclusive.	Total under 15 years.	All children under 15 years of age.
1953 ...	19,171	3,757	22,928	26,823
1952 ...	21,811	3,908	25,719	25,506
1951 ...	23,144	3,211	26,355	19,858
1950 ...	21,331	3,814	25,145	17,370
1949 ...	25,937	5,993	31,930	24,956
1948 ...	26,315	3,801	30,116	17,755
1947 ...	22,909	4,486	27,395	16,277
1946 ...	21,684	7,078	28,762	20,824

Of the 26,823 children who were given reinforcement injections, 24,843 were of school age.

Personal approach by the health visitors and school nurses both in the course of their visits to the home and at the school clinics and child welfare centres, is the medium of propaganda most extensively employed to encourage parents to have their children immunised. This is supplemented in varying degrees in the several divisions by such means as the distribution of leaflets, display of posters, use of first birthday cards, press advertisements, cinema shows, talks by medical and nursing staffs to parent/teacher associations and other organisations. At the commencement of school life a further attempt is made to secure the protection of non-immunised children, and throughout school life the reinforcement of the protection of those immunised in infancy is arranged at intervals.

SUMMARY OF IMMUNISATION STATE OF CHILD POPULATION AT END OF 1953.

Year.	Children under five years.			Children aged 5-14 inclusive.		
	Number Immunised.	Estimated Population.	Per cent. Immunised.	Number Immunised.	Estimated Population.	Per cent. Immunised.
1953 ...	80,812	151,000	53·5	242,209	298,000	81·3
1952 ...	85,644	157,200	54·5	226,564	287,400	78·8
1951 ...	88,826	168,161	52·8	215,594	276,470	78·0
1950 ...	86,202	168,780	51·1	207,341	272,080	76·2
1949 ...	84,833	167,430	50·7	195,417	265,800	73·5
1948 ...	80,069	165,111	48·4	183,861	258,898	71·0
1947 ...	74,145	155,203	47·7	191,518	248,371	77·1
1946 ...	68,813	142,622	48·2	185,100	247,107	74·9

MEDICAL INSPECTION.

Inspection is carried out in the schools and at clinics and is of three kinds.

1.—Periodic.

The Education Act provides that a local education authority must make provision for the medical inspection of all pupils attending any school or County college maintained by the authority. These inspections are made at certain times during school life and the parent cannot refuse to submit the child for inspection unless there is a reasonable excuse.

New regulations issued by the Ministry of Education in 1953 require a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school life, and other medical inspections of any pupil on such occasions as may be necessary or desirable. The Committee decided that, for the time being, the ages for periodic examination should remain as at present, that is, on first entry into a maintained school, at the age of 10, and during the last year at school.

So far as is practicable, the parent of every day pupil is given the opportunity of being present at the general medical inspections and it will be seen from the table below that 30,518 parents were present at periodic inspections of a total of 75,761 children, or 4,719 more than last year. This is a welcome increase, for the presence of the parent greatly enhances the value of the medical inspection and affords an excellent opportunity for the practice of health education.

2.—Special.

These inspections concern children not due for periodic inspections but who are specially presented for examination by parents, teachers or school nurses when some defect is suspected.

3.—Re-inspection.

This is for children who, at a previous inspection, had some defect requiring treatment or observation.

The following table shows the number of inspections made during 1953 :—

Number of Schools in which Periodic Medical Inspection was completed	865
Number of Pupils examined :—	
“ Entrants ”	35,726
“ Second Age Group ”	23,104
“ Third Age Group ”	16,931
Total (Prescribed Groups)	<u>75,761</u>
Number of Special Inspections	39,204
Number of Re-inspections	49,754
Number of Parents present at Periodic Inspections... ..	30,518
Number of Parents present at Special Inspections	25,349

The total number of children found at periodic medical inspections to require treatment, excluding dental diseases and infestation with vermin, is shown in Table 1 (C),* and Table 2 (4)* gives a detailed analysis of the defects found at periodic and special inspections.

General Condition.

The figures in Table 2 (B)* show, once again, that the proportion of children with “ poor ” nutrition diminishes steadily. This trend has been present for the past few years, as shown in the following figures :—

1947	3·83 per cent.
1948	3·51 per cent.
1949	2·91 per cent.
1950	2·54 per cent.
1951	2·08 per cent.
1952	1·95 per cent.
1953	1·57 per cent.

* For these tables please refer to Appendix.

It should be remembered that while these figures are encouraging, taken in the aggregate, such clinical assessments of general condition cannot have the same significance for individual children unless they are repeated at regular intervals.

Uncleanliness.

One of the most important duties of the school nurses is their work in dealing with uncleanliness. The value of this work lies not only in bringing to light conditions of uncleanliness in children seen by them during their frequent inspections at the schools but also in the opportunity it gives them for personal contact with the parents. Long experience has shown that the educational work of the nurses among parents has been a potent factor in reducing the incidence of uncleanliness. All this demands persistent effort on the part of the nurses, but over the years the reward has been great.

Cleanliness inspections were carried out in the schools during the course of 9,468 visits by the school nurses, an average of 7·7 for each school for the year. At these visits 587,975 examinations were made and 14,353 children were found to be verminous. This was 2,218 less than in 1952, or 4·8 per cent. of the children on the school roll, compared with 5·8 per cent. the previous year.

There was, therefore, a relatively greater decrease than in the last three years. Comparative figures are shown below :—

1945 ...	...	...	...	...	10·2 per cent.
1946 ...	...	...	...	...	8·7 per cent.
1947 ...	...	...	...	...	7·5 per cent.
1948 ...	...	...	...	...	6·6 per cent.
1949 ...	...	...	...	...	7·0 per cent.
1950 ...	...	...	...	...	6·7 per cent.
1951 ...	...	...	...	...	6·3 per cent.
1952 ...	...	...	...	...	5·8 per cent.
1953 ...	...	...	...	...	4·8 per cent.

ARRANGEMENTS FOR MEDICAL TREATMENT.

MINOR AILMENTS.

Minor ailments continue to be treated in large numbers at 90 school clinics where doctor, nurse, parent and child are able to meet together. Children are seen there who have been referred by the school doctor for further investigation or treatment in addition to the large numbers who come for the treatment of a great variety of minor ailments. Others are brought by their parents for consultation with the doctor.

Many additional clinics are still needed, some urgently, and it is encouraging that the building of new clinics has now begun with the opening of the clinic at Droylsden. A number of new clinics have been placed on the building programme for the next few years.

SKIN DISEASES.

There was a fall in the number of children treated for ringworm. There was no local outbreak of the disease. The numbers treated in school clinics during the past few years are as follows :—

1946 ...	...	...	...	...	...	...	309
1947 ...	...	...	...	...	...	...	259
1948 ...	...	...	...	...	...	...	268
1949 ...	...	...	...	...	...	...	156
1950 ...	...	...	...	...	...	...	112
1951 ...	...	...	...	...	...	...	115
1952 ...	...	...	...	...	...	...	87
1953 ...	...	...	...	...	...	...	78

There was again a reduction in the number of children treated for scabies in school clinics by 16·66 per cent., an improvement which has continued steadily since 1946, as shown below. There was, however, an increase in the number of cases of impetigo reported (264) for the second consecutive year, the greatest number of cases occurring in the southern part of the county. The figures are :—

			Scabies.		Impetigo.
1946	...	...	2,460	...	4,154
1947	...	...	1,363	...	3,082
1948	...	...	608	...	2,256
1949	...	...	405	...	1,613
1950	...	...	222	...	1,534
1951	...	...	136	...	1,473
1952	...	...	108	...	1,650
1953	...	...	90	...	1,914

DEFECTIVE VISION AND SQUINT.

The number of children found at periodic inspection to have defective vision was 5,889 or 7·77 per cent. of those examined, and of these 2,584 were found to require spectacles. 2,468 children were found to have defective vision, at special inspections, and of these 1,645 required spectacles.

There are in the County 65 ophthalmic clinics attended by ophthalmic surgeons for carrying out refractions and prescribing spectacles, which were up to July 5th, 1948, supplied through the Committee's arrangements with various opticians throughout the County. The supply of spectacles is now a function of the Local Executive Council with whom there has been the closest co-operation, and spectacles are obtained through opticians who are recognised by the Local Ophthalmic Services Committees. The greatly increased demand for the supply of spectacles since 1948 resulted, as is well known, in a much longer waiting period after their prescription. The position was most serious in 1949 when only 26 per cent. of the number of glasses prescribed were actually supplied during the course of the year. The number increased to 57 per cent. in 1950 and 70 per cent. in 1951, fell to 68·6 per cent. in 1952 but rose to 83·9 per cent. in 1953. There was some variation in the length of the waiting period from area to area.

Orthoptic clinics for the treatment of squint are held at three centres in Eccles, Nelson and Waterloo. At all clinics 826 children attended for treatment, 113 of whom were referred to hospital for operative treatment. The willing co-operation of the parents and the high percentage of good attenders are features at all clinics. The increasing number of children under school age who attend, though they cannot take part in all forms of the treatment, noted in previous reports, is a development which indicates very clearly that parents are aware of the advantages of early treatment.

Miss J. Allanson, who attends the Waterloo clinic, reports as follows :—

“ There was a noticeable tendency for parents to seek earlier advice after the onset of the squint, which resulted in the prevention of amblyopia and a more rapid cure. A larger number of early age group cases received surgical treatment. There was good co-operation on the whole with parents, most of whom gave their willing support.”

Miss P. T. Dalby, who attends the Eccles Clinic, states :—

“ This year, 71 individual children have attended for exercises, and I discharged a further 51 cases with straight eyes and equal vision. The number who failed to attend is slightly lower than last year—18 in all. Two cases have left the district and have been transferred to Orthoptic Clinics near or in their new districts.

“ All children under seven years attend for regular periodic vision checks—53 with defective sight, caused through squinting, have had their vision restored. There were 123 children too young for these exercises who attended regularly to ensure that the visual acuity remained equal until they were old enough for the weekly treatment. A further 39 cases have been referred for operation to the Royal Eye Hospital and the Jewish Hospital.

“ I find the appointment system still much appreciated by the parents, who continue to be most appreciative of the facilities open to them, and it also enables me to see between 80–85 individual cases each week.

“ I would like to take this opportunity of expressing my thanks for the very willing co-operation I have received from all members of the staff and particularly those of this division.”

Miss S. Sutcliffe, who attends the Nelson Clinic, comments as follows :—

“The practice in this area is for all cases of squint to pass through the Orthoptic Department even if only for diagnosis. If there is any amblyopia ex anopsia, then occlusion is ordered and supervised until such time as the acuity is equal or almost equal in the two eyes. When this stage has been reached, a diagnosis is made as to the type of squint, degree of deviation and state of binocular functions.

“Post-operative cases are referred back to the Orthoptic Department for continued supervision and treatment where necessary. The binocular functions are re-examined from time to time, and courses of treatment given as required.

“The accommodative type of squint does not usually require surgical interference, and is cured by optical and orthoptic treatment carried out in the Clinic, plus exercises carried out at home. In this type of case, the intelligence of the child and the interest and co-operation shown by the parents, play a very great part in the success of the treatment. On the whole, parents have continued to show great interest in this aspect of the work, and the majority of them supervise home exercises with enthusiasm. One does, however, occasionally find that a parent is very willing to send the child to the clinic for treatment but does not play any active part in the home exercises and consequently treatment is prolonged and somewhat unsatisfactory. I usually find that it is in homes where both parents are working that co-operation is not as good as I would like, and it is probably due to the fact that the mother is already over-worked and can not spare the time to help the child at home.

“In 1953, 58 children under school age attended the Orthoptic Department, as against 22 children in 1952. This increase in the number of children under five is, I think, most encouraging, as it would appear to reflect an increasing awareness of the advisability of early treatment, which is so very necessary and urgent, if normal sight in the squinting eye is to be acquired.

“I am of the opinion that this realisation of the necessity for early treatment is due in no small measure to the co-operation of health visitors who, being school nurses, have some contact with the Orthoptic Clinic and appreciate the urgency of adequate treatment in the early stages of squint. Their interest and co-operation is very necessary, since they are often the people from whom advice is sought in the first place.”

DISEASES OF EAR, NOSE AND THROAT.

Minor diseases of the ear, nose and throat are treated at the minor ailment clinics. Sessions are also held in 9 areas attended by specialists to whom medical officers refer children for further consultation. These sessions are valuable in providing an opportunity for the specialists to confer with parents and school doctors.

There is a close co-operation between the medical officers in the service, the hospital specialists and the general practitioners and many children are referred to hospital for treatment. The number of children treated by operation for adenoids and chronic tonsillitis rose from 2,737 to 3,288. While there has been an improvement in some areas in the time elapsing before the recommended operative treatment is carried out, in others there is still considerable delay.

CHIROPODY.

In addition to the Eccles Clinic which opened towards the end of 1951 the Chiropody Service was extended to four additional centres—Darwen, Farnworth, Morecambe and Swinton. Details of these activities are given below :—

Clinic.	Cases Treated.	Discharged Cured.	Discharged Improved.	Treatment Suspended.	Ceased Attending.	Still Attending.
*Darwen ... ..	...	...	...	...	...	...
Eccles	189	64	18	10	12	85
Farnworth	23	12	...	1	2	8
Morecambe	10	...	...	...	...	10
Swinton	89	48	...	4	7	30
Total	311	124	18	15	21	133

* The Darwen Clinic opened towards the end of the year and a foot survey was immediately carried out, the results of which are shown in the following table.

CHIROPODY SURVEY—DARWEN SCHOOLS, 1953.

Age Group. Sex.		5—6		7—8		9—10		11—12		13—15		Total.			Total Defects.											
		M	F	M	F	M	F	M	F	M	F	M	F	C												
																B	C	B	C	B	C	B	C	B	C	B	C
Defects Group.		B	C	B	C	B	C	B	C	B	C	B	C	B	C											
Weak Longitudinal Arch	...	7	2	10	3	4	...	10	3	10	6	1	1	22	6	...	1	31	9	22	7	83	24	136		
Hallux Valgus	...	4	...	7	...	4	1	8	...	6	1	...	...	29	1	...	...	41	13	12	1	91	15	119
Corns	...	...	...	3	...	1	...	...	1	2	1	...	...	1	2	...	...	3	7	3	1	9	11	24
Nails	...	...	...	1	1	...	...	1	1	2	...	...	...	1	...	...	...	2	...	2	...	7	2	11
Verruca	...	...	...	...	...	...	...	...	1	1	1	...	...	1	1	...	...	...	1	...	1	2	4	7
Defects of lesser toes	...	4	1	9	1	10	1	7	1	7	2	10	1	...	10	1	6	2	21	4	42	6	73	
Footwear—Degrees of Accuracy in Fitting	...	5	4	8	8	6	1	14	1	8	2	5	9	...	15	10	27	25	19	7	69	53	148	
Total	...	20	7	38	14	25	3	40	4	33	9	36	19	1	1	79	21	...	1	110	57	79	21	303	115	518
No. of Children Examined	...	54		69		35		52		42		47		4		110		2		136		137		414		
Total	...			123				87				89			114			138					551			

NOTE.—From this table it will be seen that in 551 pupils examined 382 slight defects and 136 marked defects were found.

ORTHOPAEDIC AND POSTURAL DEFECTS.

There has been no change in the arrangements for the admission of children from the County area to the Biddulph Grange Orthopaedic Hospital, now controlled by the Midland Regional Hospital Board. Treatment is also provided at the Ethel Hedley Hospital, Windermere, Heswall Children's Hospital and the Rochdale Children's Orthopaedic Hospital. These are all recognised as special schools and full provision is made for the varying educational needs of the children while treatment, which is often prolonged, is being carried out. The Lancashire Education Committee continues to be responsible for the provision of the educational requirements at the Biddulph Orthopaedic Hospital.

There are 28 after-care centres in the County, each visited at least once a month by an orthopaedic surgeon.

The following tables give some details of the treatment received in 1953 —

	Biddulph Orthopaedic Hospital.		Ethel Hedley Orthopaedic Hospital.	Rochdale Children's Orthopaedic Hospital.	Heswall Country Hospital.
	Cases admitted under Orthopaedic Scheme.	Cases admitted outside the Scheme.			
In-Patients, 1st January, 1953 ...	30	40	6	22	8
Admitted during the Year ...	64	75	19	25	12
Discharged during the Year ...	60	78	10	37	15
Remaining on 31st December, 1953 ...	34	37	15	10	5

Name of Hospital.	Congenital Defects.			Diseases of the Central Nervous System.		Affections of Bone.	Acquired Defects.	Total Defects.
	Spine.	Upper Limbs.	Lower Limbs.	Anterior Polio- Myelitis.	Spastic Paralysis.			
Biddulph— Cases admitted under Orthopaedic Scheme ...	14	2	8	15	6	12	7	64
Cases admitted outside the Scheme ...	8	1	24	6	1	12	23	75
Ethel Hedley ...	2	1	5	4	1	2	4	19
Rochdale Children's ...	7	...	8	1	1	7	1	25
Heswall Country ...	...	...	2	4	...	5	1	12
Total ...	31	4	47	30	9	38	36	195

After-Care Centres.

The following is a summary of the work done during the year in the After-Care Centres :—

	Children Attending School.	Pre-School Children.
No. of individual children attended ...	4,136	1,866
Total number of attendances made ...	16,603	6,279
No. of children referred to Consultant Orthopaedic Surgeon at Hospitals... ..	86	38
No. of children recommended for operative treatment by orthopaedic surgeons at centre or hospital ...	96	22
No. of plasters made at centre ...	20	7
No. of surgical appliances, <i>e.g.</i> , boots, irons, etc., supplied through centres ...	1,858	750
No. of children given remedial exercises ...	1,496	459

Defects from which children were suffering :—

						Children Attending School.		Pre-School. Children.
Paralysis—								
Infantile	...	...	...	...	...	147	...	21
Spastic	...	...	...	...	...	125	...	47
Other	...	...	...	...	...	13	...	7
Deformities—								
Congenital	...	...	...	...	...	423	...	283
Traumatic	...	...	...	...	...	54	...	4
Other	...	...	...	...	...	3,090	...	1,398
Rickets	...	...	...	...	...	8	...	24
Infections	...	...	...	...	...	79	...	5
Tuberculosis	...	...	...	...	...	19	...	...
Tumours	...	...	...	...	...	14	...	3
Miscellaneous	...	...	...	...	...	164	...	74
Total...						4,136	...	1,866

SCHOOL CLINIC ATTENDANCES.

The following table shows the number of sessions held and the number of attendances made at the 341 departments in 105 school clinic premises :—

						Attendances.							
Department.						No. of Clinics.		No. of Sessions.		Pupils in Attendance at School		Pre-School Children.	
Minor Ailments and Inspection ...						90	...	12,860	...	150,711	...	5,966	
*Dental						73	...	15,704	...	111,650	...	5,439	
Orthodontic						5	...	628	...	4,124	...	...
Ophthalmic						65	...	2,576	...	32,508	...	3,480	
Orthoptic						3	...	1,037	...	5,743	...	1,026	
Ear, Nose and Throat						9	...	131	...	2,222	...	356	
Orthopædic—													
Administrative County Clinics...						28	...	1,535	...	16,603	...	6,279	
County Borough Clinics ...						3	...	526	...	1,797	...	852	
Artificial Light						14	...	1,079	...	14,928	...	9,464	
Speech Therapy						39	...	3,584	...	18,169	...	402	
Chiropody						5	...	107	...	1,230	...	40	
Child Guidance						5	...	915	...	3,505	...	...
Miscellaneous—													
Asthma, Cardiac						2	...	11	...	84	...	5	
Total... ..						341	...	40,693	...	363,274	...	33,309	

* In addition Nursing and Expectant Mothers made 4,277 attendances at the Dental Clinics during the year.

The table on the following pages shows attendances made at individual clinics :—

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.		EAR, NOSE AND THROAT.		ORTHO-PÆDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
	(a)	(b)	(a)	(b)	(c)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Accrington	2521	478	2906	86	40	...	885	90	...	...	...	2037	656	687	...	...	...	...	...
Ashton-under-Lyne, Richmond House	...	...	...	...	...	...	...	...	...	...	...	1768	2180	1227	4	...	...	...	...
Ashton-under-Lyne, Water Street	5625	22	3138	153	152	...	862	52	...	968	437	...	...	...	...	...	...	...	...
Ashton-in-Makerfield	1557	17	1354	19	37	...	608	35	...	...	...	...	...	...	...	...	...	...	...
Atherton	1227	...	1307	44	135	...	777	119	...	...	...	1010	800	...	...	...	...	...	...
Audenshaw	1570	68	1737	120	18	...	527	47	...	...	...	...	...	...	...	...	...	...	...
Bacup	2504	304	1287	54	13	...	403	46	...	...	...	...	...	...	...	...	...	...	...
Bamber Bridge	456	9	1353	46	23	...	298	49	...	...	...	...	...	...	...	...	...	...	...
Banks	...	...	262	6	...	...	...	...	...	...	...	...	...	75	5	...	...	...	...
Blackburn	...	...	...	...	...	496	...	...	...	...	...	...	...	...	...	...	...	...	...
Bromley Cross	589	...	398	32	7	...	198	3	...	...	...	...	...	...	...	...	...	632	...
Carnforth	204	...	717	40	23	...	162	...	...	...	...	...	...	...	...	...	...	...	...
Chadderton, Central	934	...	...	...	...	...	339	36	...	510	201	70	41	...	...	...	...	...	...
Chadderton, Elaves Lane	368	...	1465	120	61	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chorley, St. Thomas' Square	...	...	...	...	...	...	...	...	...	345	76	1618	505	...	...	...	...	...	...
Chorley, St. Thomas' Road	1716	26	2844	67	8	...	1284	115	...	...	...	...	...	108	3	...	...	...	...
Clitheroe, The Castle	246	23	...	...	...	...	237	61	...	...	...	...	...	...	...	...	...	...	...
Clitheroe, New Market Street	...	...	925	8	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Colne	5346	86	1508	123	44	...	1586	195	...	...	...	1479	665	...	...	...	...	...	...
Crompton	1241	7	890	35	40	...	377	5	...	...	...	...	...	...	...	...	...	...	...
Crosby, Alexandra Hall	546	8	1963	123	84	...	...	...	...	...	...	...	...	424	2	...	...	...	...
Crosby, Prince Street	7030	357	2312	119	125	...	1690	317	...	2612	811	1050	329	230	103	...	...	...	...
Crosby, Seaforth	1868	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dalton-in-Furness	1154	109	1403	31	253	...	188	38	...	...	...	...	...	218	...	...	...	...	...
Darwen	2569	80	939	6	17	...	468	88	...	695	109	926	889	257	26	...	...	...	...
Davyhulme	537	6	807	20	7	...	206	62	...	...	...	...	...	866	27	...	...	...	...
Denton	4316	268	...	...	...	...	...	...	...	...	...	1399	1917	511	20	...	...	...	...
Droylsden	2358	82	2134	135	27	...	485	44	...	...	...	...	...	...	...	...	...	...	...
Earlestown	1215	20	1308	27	10	...	500	22	...	960	272	...	...	375	...	...	...	...	...
Eccles, Green Lane	...	...	...	...	...	...	...	...	...	687	189	...	...	496	2	...	...	...	...
Eccles, Hyde Lodge	2483	132	1557	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Falsworth	824	1	1847	29	33	...	827	31	...	...	...	...	...	...	...	...	...	...	...
Farnworth	5489	1075	3318	244	300	...	611	78	...	...	...	...	...	501	...	...	...	...	...
Fleetwood	1393	...	2521	109	78	...	319	19	...	338	163	...	...	227	...	...	...	...	...
Formby	121	42	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

(a) Pupils in Attendance at School; (b) Pre-School Children; (c) Nursing and Expectant Mothers.

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.	OPHTHALMIC.		ORTHOPTIC.		EAR, NOSE AND THROAT.		ORTHOPAEDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
	(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Haslingden	3869	42	778	23	43	...	351	54	...	...	...	...	524	180	240	58	...	...	...	...	...	...
Haydock	699	13	824	29	21	...	266	31	...	...	...	...	204	158	...	...	205	...	...	...	...	...
Heywood	3198	126	1868	124	42	...	416	86	...	...	...	...	...	...	...	...	233	5	...	...	...	...
Hindley	1532	3	1412	63	43	...	360	30	...	...	...	...	268	63	...	...	...	...	...	...	...	...
Horwich	1642	...	1064	78	15	...	766	97	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Huyton, Derby Road	2114	38	4516	352	538	773	730	40	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Huyton, Fairclough Road	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Huyton, Twig Lane	7983	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	453	11	...	...	529	...
Ince	1308	48	1343	20	31	...	273	53	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Irlam	302	7	348	19	5	...	292	45	...	...	...	...	547	94	...	...	...	...	...	...	...	...
Kearsley	1088	56	899	33	249	...	503	58	...	...	...	...	111	59	...	...	540	...	...	...	...	...
Kirkham	1314	2	676	86	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Thurnham House	1864	32	3719	175	25	...	674	22	...	...	306	46	555	163	...	...	...	...	...	...	...	...
Lancaster, Marton Street...	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lancaster, Ryelands	1729	70	...	...	...	...	...	...	...	...	...	...	...	...	...	...	161	...	...	...	...	...
Leigh, Stone House	1689	...	1899	...	...	...	600	79	...	...	...	...	...	...	1268	257	...	...	...	...	...	...
Leigh, Westleigh Lane	454	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Market Street	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Nangreaves Street	262	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leigh, Boundary Street	562	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Leyland	358	51	1080	13	4	...	417	57	...	...	...	...	134	58	...	...	...	...	...	...	...	...
Litherland, Linacre Road	1960	20	1407	109	179	...	468	24	...	...	...	...	1281	414	...	...	...	...	...	...	...	...
Litherland, Sefton Avenue	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	467	62	...	...	...	...
Littleborough	942	...	813	22	75	...	341	...	...	...	...	...	...	...	...	...	338	...	...	...	...	...
Longridge	969	30	861	28	...	...	347	14	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lytham St. Anne's, Bath Street	317	25	684	10	...	...	...	...	...	...	...	...	...	...	...	...	227	...	...	...	...	...
Lytham St. Anne's, Public Offices	291	6	627	...	...	...	340	70	...	...	48	6	...	...	...	...	224	4	...	...	...	...
Maghull	388	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Middleton	4154	111	2102	43	...	...	700	86	...	...	...	...	661	477	288	88	616	...	...	...	...	...
Milnrow	929	23	1118	41	91	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Morecambe & Heysham,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Euston Road	2495	...	1918	...	...	...	282	...	...	...	53	1	541	146	...	...	163	6	62	...	...	...
Morecambe & Heysham,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
St. James' Hall	196	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mossley	2003	...	499	9	...	...	283	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nelson, Carr Road	3096	72	630	...	...	...	1429	185	...	...	...	...	268	70	...	...	1101	...	...	...	...	...
Nelson, Manchester Road	921	18	544	...	2	...	244	42	1517	180	...	...	...	...	...	...	...	...	...	...	...	...
Ormskirk	372	...	1052	6	64	...	...	...	...	...	...	...	891	261	...	...	388	19	...	...	...	...
Orrell	541	2	1139	19	50	...	551	59	...	...	...	...	...	...	...	...	...	...	...	...	...	...

(a) Pupils in Attendance at School; (b) Pre-School Children; (c) Nursing and Expectant Mothers.

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.	OPHTHALMIC.		ORTHOPTIC.		EAR, NOSE AND THROAT.		ORTHO-PÆDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
	(a)	(b)	(a)	(b)	(c)		(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Oswaldtwistle	529	6	1573	...	8	...	188	24	...	...	...	...	...	...	...	...	...	...	...	...	...
Padtham	1417	42	1356	...	...	...	374	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Poulton-le-Fylde	1311	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Preston	604	8	2144	211	382	...	260	33	...	...	...	...	658	241	...	...	...	...	...	...	...
Prestwich	...	...	599	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Radcliffe	605	...	...	...	...	...	331	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Rainford	5197	78	744	...	...	...	566	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Ramsbottom	146	3	206	8	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawtenstall, 1 Kay Street	758	...	1021	37	29	...	203	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawtenstall, 6-8, Kay Street	...	...	...	...	...	...	495	90	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawtenstall, Peel Street	1476	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rishton	187	13	1498	71	29	...	263	59	...	...	...	...	...	...	...	...	...	...	...	...	...
Rochdale	...	...	2293	4	...	...	330	95	...	...	...	...	...	...	...	...	...	...	...	...	...
Royton	2052	2	582	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Standish	363	...	...	...	...	...	144	20	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Old Trafford	3268	153	2051	86	10	...	566	122	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Mitford Street	756	16	3649	1152	148	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Trafford Park	710	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Stretford, Lostock...	1126	202	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Swinton and Pendlebury, Folly Lane	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Swinton and Pendlebury, Victoria Park	3115	...	4464	16	59	...	466	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Thornton Cleveleys	734	...	2837	317	92	...	291	17	...	...	...	...	...	...	...	329	210	530	...	228	...
Tottington	170	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	459	...	...	...
Tyldesley	864	...	1347	9	23	...	584	71	...	...	...	...	...	...	...	...	...	...	...	...	...
Ulverston	840	9	1935	71	211	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Walkden	576	1	1443	54	83	...	361	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Westhoughton	928	...	1022	32	35	...	855	53	...	...	...	...	...	...	...	...	...	...	...	...	...
Whitefield	1566	348	748	30	13	...	672	45	...	...	...	...	...	...	...	560	429	...	...	...	...
Whitworth	1066	174	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes, Kingsway	8928	708	4107	225	107	...	550	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Widnes, Mill Brow	1853	92	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Winwick	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	150711	5966	111650	5439	4277	4124	32508	3480	5743	1026	2222	356	16603	6279	14928	9464	18169	402	1230	40	3505	...

(a) Pupils in Attendance at School; (b) Pre-School Children; (c) Nursing and Expectant Mothers.

HANDICAPPED PUPILS.

It is the duty of the local education authority to make suitable provision for handicapped pupils in the area. There are ten categories, as follows :—

- | | |
|------------------------------|----------------------------|
| (a) Blind | (f) Epileptic |
| (b) Partially Sighted | (g) Maladjusted |
| (c) Deaf | (h) Physically Handicapped |
| (d) Partially Deaf | (i) Speech Defects |
| (e) Educationally Sub-normal | (j) Delicate |

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many children in several of these categories can continue their education at ordinary schools if suitable provision is made for them and this method is used extensively in the County area.

Many pupils, however, must be educated in special schools if their abilities and aptitudes are to be developed to the fullest extent and in the County area where the population is more scattered than in the towns the chief need is for these schools to be residential if provision is to be made for the more seriously handicapped pupils.

The Committee, through the School Health Sub-Committee, had set up by the end of 1952, five residential special schools and one hostel. The hostel for maladjusted boys was opened in 1948 ; Broughton Tower for delicate boys and girls in 1947 ; Bleasdale House, Silverdale, for physically handicapped boys in 1949 ; Keppleway, at Broughton-in-Furness, for physically handicapped girls in 1951, and Sedgwick House, near Kendal, for epileptic boys and girls also in 1951. Singleton Hall, for senior physically handicapped boys, was opened in 1952.

The number of handicapped pupils in need of education at special schools and the number actually placed, is shown in Table 6.*

Delicate Pupils.

Provision is made by the County Council for delicate pupils through Broughton Tower, a residential special school for junior boys and girls, and through six day special schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes ; also by arranging for their admission to various residential special schools administered by other local education authorities and voluntary bodies and to convalescent homes, for shorter periods.

BROUGHTON TOWER.

This school completed its sixth full year, and provided residential care for children suffering from delicacy due to a variety of causes.

Resident in school on January 1st, 1953	...	...	...	...	...	34
Admitted during the year	...	...	...	...	...	61
Discharged during the year	...	...	...	...	...	58
Resident in school on December 31st, 1953	...	...	...	...	...	37

The following report has been received from Dr. J. Patterson, School Medical Officer in the area, who is in clinical charge of the children :—

“ The table below gives details of the 61 children admitted during 1953, of whom 39 were boys and 22 girls :—

Diagnosis.	No. of Children.	per cent.	
Asthma	25	40.98	} 91.8
Debility	11	18.03	
Bronchitis	12	19.67	
Bronchiectasis	8	13.11	
Healed Tuberculosis of the Hip Joint	1		
Healed Tuberculosis of the Spine	1		
Coeliac Disease	1		
Congenital Scoliosis Mid Thoracic	1		
Congenital Heart Disease	1		

“ Included in the above are three re-admissions classified as follows :—

Asthma	2
Bronchiectasis	1

“ The admissions in the four largest groups : asthma, debility, bronchitis and bronchiectasis were about 92 per cent. of the total.

* For this table please refer to Appendix.

" In 1948 these four groups formed 75 per cent. of the total and there has been a gradual rise in this figure each year until the present, when only five cases were classified outside these groups.

Age on Admission.

Under 6 years	...	...	...	...	...	...	...	...	4
6—years	...	...	...	...	...	...	...	...	12
7—years	...	...	...	...	...	...	...	...	4
8—years	...	...	...	...	...	...	...	...	10
9—years	...	...	...	...	...	...	...	...	11
10—years	...	...	...	...	...	...	...	...	8
11—years	...	...	...	...	...	...	...	...	9
12—years (and upwards)	...	...	...	...	...	...	...	...	3

" The average age on admission was 8 years 10 months.

Discharges.

Boys	...	...	...	...	...	...	...	37
Girls	...	...	...	...	...	...	...	21
Total...	...	...	...	...	...	...	...	58

" Five of these had been re-admitted for the second time, four with asthma and one with bronchiectasis.

" The percentage of children covering the four largest groups, *viz.*: asthma, debility, bronchitis and bronchiectasis was approximately the same as that for the same groups on admission, *i.e.*, 91·5.

" Children with bronchiectasis are mainly long stay cases and many of them are awaiting surgical treatment.

" It is significant that of the twenty children suffering from asthma who were discharged during 1953, only one had any attacks of asthma while in the school.

" Length of stay in Broughton Tower varies from five months to two years.

Comparison of Weights on Admission and Discharges of Children discharged during 1953.

		1953.			1952.			1951.	
		No. of Children.	%		%		%		%
Underweight on Admission	...	42	72·4	...	80·5	...	74·0	...	74·0
Underweight on Discharge	...	19	32·7	...	51·2	...	46·5	...	46·5
Normal Weight on Admission	...	16	27·6	...	19·5	...	26·0	...	26·0
Normal Weight on Discharge	...	39	67·2	...	48·7	...	53·5	...	53·5

" The figure of 72·4 per cent. of the children who were underweight on admission, although slightly lower than the previous year, corresponds closely with the average for all the previous years. The percentage of those of normal weight on discharge (67·2) is the highest yet attained since the school began.

" Of this total of 72·4 per cent. underweight on admission, 54·76 per cent. were discharged as conforming to normal standards of weight for age, compared with an average of 35 per cent. for all preceding years.

" The rate at which growth took place at the school, compared with that of normal children living at home is shown in the table below, from which is excluded one boy aged nine years, who was removed by his parents after 11 days.

Age in Years on Admission.	Number of Children.	*Average Weight Increase (ozs.) per Month of Normal Children.	Average Weight Increase (ozs.) per Month at Broughton Tower, 1953.	Percentage Increase above Normal.
6	10	5·73	17·6	208·7
7	6	6·6	17·8	169·7
8	7	6·73	11·8	76·1
9	8	8·8	27·1	208·0
10	9	8·0	30·9	286·3
11	14	12·3	31·5	156·1
12 upwards	3	12·2	50·1	310·6

* From Holt's " Diseases of Infancy and Childhood."

"The Asthmatic group with the shortest stay shows the greatest improvement in weight. This may be related to the fact that at the school the attacks of asthma are either non-existent or very few in number. A detailed analysis of the clinical disabilities of these children is incorporated in the Follow-up Report, which also shows how they have fared after leaving the school.

"The continued help and co-operation of Dr. G. Leggat, Consultant Thoracic Physician, Drs. D. Bottrill and J. Horrocks, Pathologists, the Dental Officer and Ophthalmologist of the County staff and Dr. W. G. Southern of Broughton-in-Furness, who provides general practitioner services for the children and staff, has been of the highest order and has proved to be of immense value in rehabilitating the children to normal physical well-being.

FOLLOW-UP REPORTS.

"General condition of children at Follow-up Examinations six months after discharge :—

Improved.—33 (78·5 per cent.)

Remained stationary.—4 (9·5 per cent.)

Deteriorated.—5 (11·9 per cent.)

Recommendations at Follow-up Examinations. —

Fit to remain in ordinary school	...	...	...	...	...	37 (88·1 per cent.)
Should return to special school as soon as possible	...	...	...	...	...	4 (9·5 per cent.)
Should attend day special school	...	...	...	...	...	1 (2·3 per cent.)
Should have a short stay in convalescent home	...	...	...	...	...	0

Asthma.

"The following are details of this group :—

Improved	...	...	...	...	...	...	...	17
Remained stationary	...	...	...	...	...	...	...	1
Deteriorated	...	...	...	...	...	...	...	2

"In this group of 13 boys and seven girls, six (30 per cent.) have not had any attacks of asthma, four (20 per cent.) had recurrences within two weeks, whilst the remaining 10 (50 per cent.) remained free for periods ranging from two to six months. Only one of these children had had attacks when at the school and then he had only three which occurred shortly after admission, following which he remained free from attacks for the rest of his stay of seven months. Of the 14 who still had attacks at home, it was found that the frequency rate was much lower than it had been previous to admission, and in 55 per cent. of these children, the attacks were much less severe. Although the rate of weight increase pertaining at the school was not maintained in any case, in 45 per cent. of this group, an increase similar to that of normal children was kept up following discharge.

"A detailed analysis of this group is contained in the accompanying table.

Debility.

"In this group of six children (four boys and two girls) all have improved as regards the general condition and all are fit to remain in ordinary school.

Bronchitis.

"The following are details of this group :—

General Condition.

Improved	...	...	...	...	...	...	...	5
Remained stationary	...	...	...	...	...	...	...	1
Deteriorated	...	...	...	...	...	...	...	2

Bronchiectasis.

"In this group of three girls and one boy, as regards the general condition only one has improved, two remaining stationary and one having deteriorated. One has been recommended to attend a day special school, one to return to residential special school as soon as possible while the remaining two are considered fit to remain in ordinary school.

Miscellaneous

"In this group of four children, all have improved as regards the general condition and all are considered fit to remain at ordinary school.

"Except in the case of the girl with the congenital heart disease, where there has been some limitation of physical activity, all are leading a normal school life.

RESULT OF "FOLLOW-UP" EXAMINATIONS OF ASTHMATIC CASES DISCHARGED DURING 1953.

Name.	Sex.	Length of Time after Discharge when Attacks Began.	Frequency of Attacks.			General Condition at Follow-up Examination.	Recommendation at Follow-up Examination.
			At Broughton Tower.	At Home.			
E.B.	M.	1 month	Nil ...	8 per month	...	Deteriorated	Return to special school.
F.O.	F.	Nil	Nil ...	Nil ...	...	Improved	Fit to remain in ordinary school.
J.T.	M.	5 months	Nil ...	1 per month	...	Improved	Fit to remain in ordinary school.
T.W.	M.	2 months	Nil ...	1 in 2 months	...	Improved	Fit to remain in ordinary school.
A.C.	M.	3 months	Nil ...	1 per month	...	Remained stationary	Fit to remain in ordinary school.
M.B.	M.	Immediately	Nil ...	3 in 12 months	...	Improved	Fit to remain in ordinary school.
K.B.	F.	Nil	Nil ...	Nil ...	...	Improved	Fit to remain in ordinary school.
C.S.	F.	3 months	Nil ...	1 per month	...	Improved	Fit to remain in ordinary school.
M.L.	M.	2 months	Nil ...	1 in 12 months	...	Improved	Fit to remain in ordinary school.
D.C.	F.	1 month	Nil ...	8 per month	...	Deteriorated	Return to special school.
D.G.	M.	2 weeks	Nil ...	3 per month	...	Improved	Fit to remain in ordinary school.
K.C.	M.	Nil	Nil ...	Nil	...	Improved	Fit to remain in ordinary school.
E.H.	M.	Nil	Nil ...	Nil ...	...	Improved	Fit to remain in ordinary school.
N.T.	F.	Nil	Nil ...	Nil ...	...	Improved	Fit to remain in ordinary school.
I.H.	F.	Nil	Nil ...	Nil ...	...	Improved	Fit to remain in ordinary school.
A.C.	M.	2 weeks	Nil ...	1 in 3 months	...	Improved	Fit to remain in ordinary school.
K.S.	M.	2 months	Nil ...	1 in 2 months	...	Improved	Fit to remain in ordinary school.
S.Y.	F.	6 weeks	Nil ...	1 in 16 months	...	Improved	Fit to remain in ordinary school.
M.S.	M.	3 weeks	Nil ...	1 in 3 months	...	Improved	Fit to remain in ordinary school.
D.P.	M.	2 weeks	1 per month	4 per month	...	Improved	Fit to remain in ordinary school.

Conclusion.

"It will be seen that 78 per cent. of the children were, as regards their general condition, 'improved' and that 88 per cent. are considered 'fit to remain in ordinary school.' This is a considerable improvement on the previous year, where the corresponding figures were 65 per cent. and 75 per cent. respectively.

"In the asthmatic group, always the largest at the school, this overall improvement is best seen. Here the rate of recurrence of attacks, immediately following discharge, is 20 per cent. compared with 39 per cent. in 1952 and 43 per cent. in 1951. In 1952, after discharge, only $8\frac{1}{2}$ per cent. remained completely free from attacks, but the corresponding figure for 1953 is 30 per cent. Again, 55 per cent. had only minor attacks, *i.e.*, attacks which did not incapacitate compared with 48 per cent. in 1952.

"In the group of bronchitis and debility which always do well at the school, there has been the greatest improvement of any year.

"As regards the children with "structural" physical defects, such as heart disease, scoliosis and bronchiectasis, the aim is to keep the general health at a good level rather than to expect lasting improvement and this has been done both in the miscellaneous group and in the case of the bronchiectatics. Unfortunately, none of the latter were suitable for surgical treatment, which appears to be the only method of effecting a cure.

DAY SPECIAL SCHOOLS.

There are six day open-air schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes. There is no doubt that while they differ so much in size, position and amenities, all these schools are doing most valuable work. The following table shows that these facilities have existed for a good many years and that there is now in all accommodation for 609 children :—

	Darwen.	Eccles.	Nelson.	Stretford.	Swinton.	Widnes.
Year of opening	1926	1922	1930	1926	1917	1930
Adapted premises or new building	Adapted	New	New	New	New (1938)	Adapted
Total accommodation ...	90	44	90	120	135	130

All these schools deal, in the main, with children suffering from conditions which have come to be regarded as covered by the term "delicate." Chest conditions such as asthma and recurrent bronchitis form a large group and any form of general debility, where it is felt that poor health is interfering with a child's education, is regarded as a sound reason for admission. Quite a number of children attend these schools during the period of recuperation following infectious disease.

Children suffering from other conditions are admitted to some of the schools, for example, cardiac disease either rheumatic or congenital, where a child's physical activity needs to be carefully supervised. Sometimes spastic children attend and a great deal can be done for them, provided the right staff are present.

The length of time children attend, as may be expected from what has been said, varies greatly, and may extend over the whole of school life.

A few remarks follow on each of these schools.

Darwen.

The main building has been suitably adapted and with the addition of a classroom and rest shed in the grounds has served admirably as an open-air school. The premises are centrally heated and hot water is available. The grounds are a particularly attractive feature of this school. A certain number of children are admitted with other physical handicaps such as spasticity and muscular dystrophy. A special interest is taken in cardiac conditions, clinics being held periodically under the direction of the Consultant Cardiologist, Dr. McAdam.

Dr. Webster, Divisional Medical Officer, in a report on the school, sums up its work as follows :—

"I have been associated with the work of this school since 1939 and I am quite satisfied that it is of the greatest value. It gives a sheltered environment for children who would be out of place in the ordinary day school, both because of the pressure generally in ordinary schools and because in an atmosphere where each child has some handicap, greater or less, the children are less exposed to the 'rough and tumble' of the ordinary school and its play grounds."

Eccles.

This was one of the earliest of the six day open-air schools, providing for only a limited number of pupils. Extensions and improvements were planned and the foundations laid but were not carried out as the war intervened. Consequently, as Dr. Stocks states, "The premises are still lacking in many facilities, including classroom provision, rest room and storage space. The heating is considered to be inadequate and at times in the winter, is responsible for a marked drop in attendance." A few physically handicapped children are admitted. Steps have now been taken to supply some of the more urgent requirements at this school, such as the provision of hot water for washing.

Nelson.

"The Nelson Open-Air School," to quote Dr. Robinson, Divisional Medical Officer, "is situated ideally in its own spacious grounds at one of the highest levels in the district and is eminently suitable for the type of children who attend. The heating system is very effective, the main part of the school being heated by means of a large boiler while the two small classrooms are heated from a small boiler. Very hot water is always available and there are 17 small baths with showers and one large bath for the use of the children. The rest shed, which is situated some distance from the main building, has three sides only and is not heated, and is, in fact, not used very much as a place of rest.

"Three meals are served each day in the dining room which is also used as a classroom; the food consumed is prepared and cooked on the premises. The rest period consists of one hour per day, after lunch. The amount of time spent by the children in the open air depends to a large extent on the weather, but the windows of the classrooms are always fully opened on the sheltered sides. Outside recreation consists of 15 minutes morning and afternoon and 35 minutes following tea during the summer term. There is an excellent medical inspection room complete with dressing room and toilets."

A striking feature of this school is its splendid situation, and this has played its part in the excellent results achieved.

Stretford.

This school is situated in Longford Park. All the classrooms open on three sides and the hall on its two larger sides. Heating is by means of low pressure hot water pipes under the floors, and hot water is available for washing. Meals consist of a "snack" at 9-30 a.m., dinner at mid-day, and light tea at the end of the afternoon.

Dr. E. H. Walker, Divisional Medical Officer, writes:—

"In my opinion, based on 27 years' experience, this school is an indispensable unit in the education system. The improvement in the physical condition of the children is almost invariable and is often noticeable after a very short time at the school. Educational progress is satisfactory and a number of pupils have later gained places in the High School for Girls or the Grammar School for Boys."

Swinton.

This open-air school, first to be opened in the area now covered by the County Council, was originally set up in hutted accommodation. Excellent new buildings were erected on a most suitable site in 1938, providing for four classrooms and including a large one to serve as the nursery. The classrooms can be opened by folding partitions and the rest shed is open on one side. All rooms are centrally heated and hot water is available.

Dr. Stocks writes:—

"Classrooms are kept open to the weather unless there is considerable wind and rain or fog. Children sit out to read and sew when possible and a good deal of gardening is done by the children under supervision.

"Breakfasts and dinners are served by the staff and two welfare assistants. The children have a rest following dinner.

"The medical officer attends weekly. The school is situated only a few minutes walk from the School Clinic and special cases can be sent there any morning either to see the doctor or the nurse. Children, after leaving the open-air school, are transferred back to the original school and kept under observation; if there is any deterioration in health after leaving the open-air school, the question of re-admission is considered.

"This open-air school appears to be fulfilling its function as a Special Day School for Delicate Children."

Widnes.

When this school was opened, use was made of the ground floor of the old Farnworth Grammar School. Two new chalet blocks were erected consisting of two classrooms each and an additional classroom was opened in 1953. Heating in the chalet blocks is by two water panels in each room, with electric panels in the ceiling.

This is one of the largest schools, taking 130 pupils.

Dr. Bunting, Divisional Medical Officer, writes :—

“ I consider that one of the greatest uses for the school is for the physically handicapped children. They are brought by special coach, which picks them up at a point near their home or, if necessary, actually at the home itself.”

As will be inferred from these remarks, considerable use is made of this school for physically handicapped children as well as for those who are delicate. Special facilities are provided for them, for example, speech therapy for those spastic children who require it and if, by such means, the needs of physically handicapped children can be met at a day special school, there is much to be said in its favour. The usual difficulty is that facilities for these special cases cannot be as comprehensive as in a school set aside for this particular purpose. The possibility of appointing a physiotherapist to attend the Widnes school is being considered and this would undoubtedly be most valuable.

General.

It is possible from these comments, many of which apply to most of the schools, to form some idea of the functions they are fulfilling. Other points which have not been mentioned are common to them all, for example, the close association of the school nurse with the school and of the school medical officer. In all, the value of an open-air life is kept well in mind and particular attention is paid to out-of-door activities, including gardening, to making arrangements for adequate rest and for suitable diet in respect of the meals taken at school.

It might be thought that in this industrial part of Lancashire there would be little possibility of running a school on open-air lines but it is a remarkable fact that, practically speaking, one side of the classrooms is constantly open throughout the year and only on the rarest occasions is it necessary, on account of weather conditions, to close the windows.

There has been general difficulty in deciding the best form of rest shed, the usual complaint being that the three-sided shed is alright in fine weather but needs something on the open side to prevent rain from blowing in.

OTHER RESIDENTIAL SPECIAL SCHOOLS AND CONVALESCENT HOMES.

During the year arrangements were made for 24 children to be admitted to 10 residential schools under other education authorities and voluntary bodies ; 376 children received treatment for periods of one, two and three months at 14 convalescent homes, many of them administered by the Manchester and Salford Invalid Children's Aid Association and the Liverpool Child Welfare Association.

Maladjusted Pupils.

Most seriously maladjusted pupils receive treatment at the child guidance clinics while continuing to attend school. Some can only be satisfactorily treated away from their homes and a few of these were found places in special schools or boarding homes. It was unfortunately not possible to re-open the Committee's boarding home at Rawtenstall though subsequent developments suggest that this should be possible soon.

CHILD GUIDANCE CLINICS.

There are five clinics in the County area, at Huyton, Whitefield, Failsworth, Blackburn and Preston, each with a psychiatrist as medical director.

The following is a summary of the work done at the five clinics during 1953 :—

Number of Pupils.	Huyton.	Whitefield and Failsworth.	Blackburn.	Preston.	Total.
Referred	44	223	53	55	375
Withdrawn from register ...	11	37	4	5	57
Given diagnostic interview ...	41	187	45	54	327
Found suitable for treatment ...	22	123	31	36	212
Unsuitable for treatment ...	19	64	14	18	115
Attended for treatment ...	25	125	45	32	227
Treatment completed	13	75	14	16	118
Much improved	3	29	6	6	44
Improved	7	26	7	7	47
No change	3	20	1	3	27

The numbers shown as having been given an initial diagnostic interview include not only, in the main, those referred during 1953, but a certain number also from the waiting list of the previous year. There are many reasons for unsuitability for clinic treatment, the chief ones being educational sub-normality and the impossibility of establishing co-operation with the home. Pupils not put on the waiting list for treatment may be recommended for special schools for educationally sub-normal pupils or for schools or hostels for the maladjusted, or occasionally for mental hospital treatment.

Huyton.

Dr. Louise Devlin, psychiatrist, reports on the Huyton Child Guidance Clinic, as follows :—

“ In the autumn of this year we were fortunate in obtaining the services of a full-time educational psychologist (who succeeded the late Miss Peake) and also of a part-time psychiatric social worker who is, unfortunately, only able to attend on one day per week.

“ Both these ladies joined the staff in October, 1953, and have already made a great difference to the working of the clinic. On the day on which the Psychiatric Social Worker attends it is now possible to obtain a full social history on the new case seen on that day, and she also sees the mothers during one treatment session—so avoiding the necessity for the psychiatrist to treat both mothers and children.

“ As our psychologist is now full-time many more school visits are carried out than formerly and much more routine intelligence testing is done for Divisional Medical Officers. It is already obvious that the teaching staff, as well as our school medical officers very much appreciate the psychologist's services.

“ As regards the results of treatment, at least two children were withdrawn by their mothers after they had attended for a very short time only. These mothers, owing to their own serious neurotic difficulties were unable to co-operate and found it quite impossible to face their own problems. One child, whom I have graded as “ improved,” has been transferred to our psychologist for remedial teaching as he is very retarded in reading ; and another, also under the “ improved ” category, has recently been sent to a school for maladjusted children as it was felt that he would now benefit from that type of environment. Two children were placed under observation only, after their diagnostic interview ; one, a girl who was in a foster home, had only slight symptoms and was not severely disturbed. She did not seem in great need of regular therapy but her foster-mother was anxious about her as there was much neurosis in the child's family history. The other child is a pathetic little boy, who is aggressive in school owing to his deep anxieties and very insecure in his relationship with his mother. Regular treatment would have been useless in this case as the parents were quite unable to co-operate, the mother being intellectually dull and also a sufferer from major epilepsy. This child's intelligence quotient is unfortunately too low to give him any chance of treatment in a school for maladjusted children.

“ As regards the children seen during the year for diagnostic interview the preponderance of behaviour disorders has been rather less marked than usual and we have seen one very interesting case, a girl of 17 years who suffered from a marked spelling difficulty, which, it was feared, would handicap her considerably as she wished to be a teacher. Marked emotional difficulties were also found to be present in this case and this girl is now attending for psychotherapy, prior to being referred to our psychologist for remedial teaching in spelling.

“ The majority of those who attended responded to treatment, some very well indeed, though as usual there were a small number for whom treatment was not possible for different reasons.”

Preston.

Dr. Devlin also reports on the Preston clinic :—

“ The clinic continues to function on a basis of four psychiatric sessions weekly but it is generally felt that more psychiatric sessions are needed, especially as so many children are waiting for treatment.

“ We greatly regretted the loss of Miss Horn, our educational psychologist, in the summer of this year, when, after two years' service with the County Council, she resigned in order to take up a post with the Bristol Child Guidance Clinic. Miss Horn's work was of excellent quality, and she was also very popular with both staff and children. Her successor, Mr. Love, took up his duties immediately after Miss Horn's departure and this was very fortunate. The work of the educational psychologist is expanding a great deal, as, in addition to his routine work for this clinic and for the divisional medical officers he now carries out intelligence tests at two Reception Centres, Millwood and Walton-le-Dale, and, of course, makes reports on these children. This work for the Reception Centres is greatly appreciated by the Children's Department.

“ Two hundred children were interviewed by the educational psychologists during this year and nearly all of these were given an intelligence test ; this is quite apart from the intelligence testing of children attending for child guidance treatment.

"Six children from this clinic are away at Special Schools, four at schools for maladjusted children, one at Sir Thomas More, a school which caters for children who are educationally subnormal as well as maladjusted, and one at an ordinary boarding school. On the whole, the main reason for sending the four children to maladjusted schools was the marked emotional immaturity of the parents, though they had done their best to co-operate.

"Most of the children seen at this clinic were referred, primarily, on account of behaviour disorders but two very interesting cases were seen at diagnostic interviews during the year. They still attend occasionally for observation since they are not really suitable for treatment. One of these is a child who appears to be pre-psychotic; she may have to be sent into hospital later. The other, a boy, is typical of the "affectionless" child, so well described by Bowlby and shows the apathy which sometimes follows severe emotional deprivation. This child, owing to his rather dull intelligence, is not likely to benefit from psychotherapy."

Whitefield.

Dr. E. Gostynski, reports on the Failsworth and Whitefield Child Guidance Clinics as follows :—

"The volume of work done during the past year has remained on the same level as in the previous years. The numbers dealt with in diagnostic and therapeutic work have not changed materially. Two aspects represent shifts in distribution and deserve mentioning. We have dealt with an appreciably smaller number of children who were referred merely for educational difficulties arising out of innate backwardness. The results of treatment show the same distribution within the rather wide limits of the ranking scale as last year. We entered the new year again with manageable waiting lists both for diagnostic and treatment work.

"Representatives of the various agencies connected with the children referred to have again attended at our regular case conferences throughout the year. The clinic has held a number of meetings for school medical officers, headteachers, school nurses and health visitors and student health visitors, at which the normal and abnormal development of children, the administration of performance tests of intelligence, and outline suggestions for handling emotionally disturbed children were the main topics discussed. These meetings also provide a forum where any technical difficulties of a purely administrative nature can be discussed and they help to strengthen the existing contact between the various referring agencies and the clinic.

"The following table is of interest as it shows the source of request for referral to the clinic through the School Health Service :—

School Medical Officers	...	...	...	...	...	125
Schools	...	...	...	...	...	26
Speech Therapists	...	...	...	...	...	3
County Children's Officers	...	...	...	...	...	10
Private Practitioners	...	...	...	...	...	16
Hospitals	...	...	...	...	...	9
Magistrates and Probation Officers	...	...	...	...	...	23
Other Social Agencies	...	...	...	...	...	5
Parents...	...	...	...	...	...	6

Blackburn.

Dr. Christie, psychiatrist, reports as follows on the Blackburn Clinic :—

"During 1953, 53 new cases were referred to the clinic, of whom 45 were given diagnostic interview, 31 children being found suitable for child guidance treatment. These children, together with cases brought forward from 1952, totalled 45, who attended regularly for treatment. Four children were admitted to special homes or schools during the year.

"The clinic has continued to function satisfactorily. A great contribution to its work was made when Mrs. Swindells was appointed as part-time psychiatric social worker, working one session per week. This enabled her to make an initial home visit in new cases."

Speech Defects.

Speech therapy was carried out by 12 whole-time and two part-time speech therapists. The supply of qualified speech therapists has improved and the number of clinics has been increased from 30 to 39.

Every effort is made to carry out audiometer tests, ear, nose and throat examination and a general medical examination for those children recommended for speech therapy and, when possible, there is close co-operation with the child guidance team.

The following is a summary of the work done at the various centres :—

CLINIC.	No. attending for treatment.	Discharged cured.	Discharged improved.	Treatment suspended.	Ceased attendance.	Still attending.
Accrington	34	6	2	3	1	22
Ashton-under-Lyne (Richmond House) ...	66	12	3	3	11	37
Banks	8	...	...	2	...	6
Clitheroe (The Castle)	9	...	...	1	...	8
Crosby (Alexandra Hall)	25	4	2	4	3	12
Crosby (Prince Street)	26	3	3	2	3	15
Dalton-in-Furness	48	...	...	16	...	32
Darwen	29	...	...	...	1	28
Davyhulme	50	10	5	7	7	21
Denton	30	1	2	8	2	17
Droylsden	17	1	...	1	2	13
Earlestown	21	3	1	1	1	15
Eccles (Green Lane)	31	3	3	2	1	22
Failsworth	45	14	3	9	1	18
Fleetwood	17	4	4	...	1	8
Haydock	12	1	2	...	2	7
Heywood	18	3	...	1	...	14
Huyton (Fairclough Road)	69	2	1	7	27	32
Lancaster (Ryelands)	21	...	...	...	1	20
Litherland (Sefton Avenue)... ..	38	7	5	8	3	15
Littleborough... ..	21	3	...	1	...	17
Lytham St. Annes (Bath Street)	18	4	4	...	3	7
Lytham St. Annes (Public Offices)	23	5	2	1	5	10
Middleton	32	7	2	2	...	21
Morecambe (Euston Road)	17	1	...	...	...	16
Nelson (Carr Road)	48	11	1	4	2	30
Ormskirk	26	4	5	3	...	14
Preston	59	7	7	1	12	32
Ramsbottom	7	...	...	...	3	4
Rawtenstall (1, Kay Street)	28	6	1	5	2	14
Rishton	11	...	...	1	4	6
Stretford (Old Trafford)	15	3	2	1	...	9
Stretford (Mitford Street)	35	6	...	4	7	18
Stretford (Lostock)	35	14	1	2	5	13
Swinton and Pendlebury (Victoria Park)	33	4	2	2	...	25
Thornton Cleveleys	28	6	1	...	...	21
Whitworth	9	2	...	...	...	7
Widnes (Kingsway)	55	6	2	2	21	24
Winwick	26	3	3	2	1	17
Total	1,140	166	69	106	132	667

In addition 29 physically handicapped boys attending the Bleasdale House and Singleton Hall Residential Special Schools received treatment for defects of speech from two of the Committee's speech therapists.

Reports from the speech therapists again emphasise the importance of parental co-operation if full benefit is to be obtained from the treatment. This co-operation is forthcoming in most areas but is noticeably lacking in one or two districts.

In some areas many of the mothers are at work all day but the teachers are very helpful in these cases, not only in ensuring that the children attend the clinics but also in seeing that they practise regularly the exercises which they are taught at the speech clinics. The intelligence and determination of the children themselves are also vital factors in obtaining good results in this type of work.

The following extracts from reports by the speech therapists illustrate these and other points:—

"One interesting case is a boy of seven years, the youngest of a very large family, and his speech defect appears to be largely due to the fact that until after the age of four years, an age at which, in the normal child, speech is almost complete in form, he was seldom without a dummy. His speech when I first saw him consisted only of vowels and the back consonants—k, g, ng. With a dummy in his mouth he would find it difficult to use any part, except the back of his tongue, for speech and, according to his mother, he was in the habit of speaking with the dummy. He is a tense, excitable child. Progress is slow, though recently he has been doing better, due to more frequent visits and the introduction of relaxation into his treatment.

"At Bleasdale House Special School, Silverdale, four weekly sessions have been held. Thirteen children with cerebral palsy were treated, eight of whom were spastics and five athetoid. The degrees of speech disorder varied greatly, as did the physical handicap. The speech of six children was grossly affected combined with a voice disorder: seven children had defects ranging from retarded speech to severe articulatory defects. Most of the children showed signs of responding to treatment by the end of the year, after four months.

"One boy with multiple dyslalia, aged six years, was discharged with normal speech after 10 months weekly treatment. His mother proved very conscientious regarding home practice, and the child was intelligent and quick to respond. In this case the teachers at his school were very helpful in providing a more complete picture of his background, and full co-operation was given regarding reading, which suffered a temporary setback at the commencement of speech therapy, and it was thus soon remedied.

"Another boy, aged seven years, was discharged with normal speech after eight months weekly treatment. After this time his articulation was much improved and when he returned after a six months break, it was found that his speech had continued to make progress, and was then up to normal standards.

"A girl aged 10, suffering from a nasal sigmatism, was discharged after six months' treatment with normal speech. She was an intelligent girl and co-operated exceptionally well, responding well after an initial talk regarding the need for her co-operation and the advantages of correct speech in later life. She made up her mind to overcome her speech defect and her own determination helped a great deal towards her cure.

"One girl aged nine, with multiple dyslalia was discharged with normal speech. She worked conscientiously, aided by her mother in home practice, and was quick to respond to treatment. In this case inception of speech had been late and there was also a history of speech defect in the family.

"Another girl, aged 18, showed exceptionally good co-operation. She attended a grammar school, wished to become a teacher and because of this was anxious to have her defect corrected. She was discharged with normal speech after seven months' regular weekly treatment.

"A boy aged seven years, with multiple dyslalia, was discharged with normal speech after attending for 13 months' regular weekly treatment. The inception of speech was slightly late in this case, and as the child was fifth out of a family of eight, it was considered likely that the failure of speech to develop normally may have been due to lack of interest and attention on the mother's part when his speech should have been starting to develop. She did not appear to take very much interest in the child when she came to the clinic, and did nothing to help or encourage him with speech during treatment, though sometimes an elder brother or sister helped him. When he first attended he was using no consonants initially in words and only rarely in other positions, but as he was taught these, in turn, he would almost immediately begin to use them in conversation in the clinic, though he was a little slower in doing so at school, until finally he was using all sounds correctly.

"It is found in some instances that children have benefited from individual treatment, following group treatment. After their initial reticence has been overcome, they are ready to discuss their individual problems."

“ Co-operation with teachers has been most valuable. In some cases where home practice cannot, for some reasons, be carried out, teachers are assisting by spending some time each day helping children with ‘speech practice.’ John, aged 14, was admitted for treatment with a stammer and dyslalia. It was discovered that his mother had severe dyslalia and also two younger siblings. After three months of treatment the stammer disappeared. John seemed unaware of his articulation disorder until he heard his speech on a tape recording. He then decided to remedy his defect in order to set a good example to his family. In spite of the unfavourable home conditions, John is making good progress, due to his own determination and a great deal of help from his headmaster.”

“ At Singleton Hall Special School, the number of boys in need of speech therapy was 12 by the end of the year—three with severe defects and the rest intelligible though with some defective sounds, or, as in two cases, suffering with accompanying stammer. The treatment sessions rose to two per week, so that every child could have weekly therapy and, where possible with the worst cases, twice weekly treatment. In spite of this, it will be realised that progress with such cases is very slow compared with the much slighter speech defects of children attending the ordinary school clinic. With the cerebral palsy child, lack of muscular co-ordination causes the defect, an organic difficulty, whereas cases of dyslalia, lisp and stammer, as found in many ordinary children, are functional defects. However, some improvement can be noted in all and, in particular, the two younger boys with severe defect. Each can now be understood and both are keen and enthusiastic about receiving their therapy. It is intended to make a succession of voice recordings of all these cases, showing the various stages in their treatment, and improvement can be then noted, both by the children and the therapist, giving encouragement to all concerned.”

“ With certain types of stammerers the value of group treatment cannot be too highly stressed. Many of them, by virtue of their disability, are poor mixers, and need a good deal of socialising. Ideally, individual and group treatment should be combined but this is not generally possible owing to the number of children on the waiting list.

“ The following are examples of two stammerers who have benefited from group therapy ;

“ One boy, aged seven, whose physical development was beyond the average for his age, had been teased by other children because of this and had very few friends. Although his behaviour at home was quite normal, at school he reverted to a babyish pattern of behaviour. After receiving some individual treatment he was put in a group with two stammerers of the same age. He settled in well, and the improvement, startling at first has been steadily maintained. In addition, the school reports an all-round improvement in his work.

“ Another boy, aged 12, with a bad stammer and accompanying nervous habits, benefited from group therapy to the extent that he can now speak fluently with the other children and is gaining in confidence. His general health, which was poor, is also improving. Progress in this case has been particularly marked, as for some time after commencing treatment there was little or no spontaneous speech at all.”

Partially Deaf Pupils.

During the year the three teachers of the partially deaf continued their audiometric survey and group testing in schools by gramophone audiometer was carried out and where found necessary Lip Reading classes were initiated. These activities covered Education Divisions 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 15, 16, 17, 18, 19, 20, 21, 22, 23 and 24, and the following table shows the number of children tested by the gramophone and pure tone audiometers together with the number of attendances made by children at lip reading classes :—

Teacher of the Partially Deaf.	Number of Children tested by Gramophone audiometer.	Number of Children tested by Pure-Tone Audiometer.	Number of Attendances by Children at Lip Reading Classes.
Mr. J. J. Finigan	2,286	786	1,036
Miss H. G. Johnson	2,380	730	1,662
Mr. E. R. Wall	676	956	489
Total	5,342	2,472	3,187

The object of the scheme has always been twofold, to ascertain the less obvious degrees of deafness which may be relieved by medical treatment and to provide the necessary help to enable those whose hearing defect cannot be improved to make the most of their education.

The general plan is for as many as possible of nine-year old children to be tested by gramophone audiometer. Those whose hearing does not reach the required standard are given a further more detailed individual test with a pure-tone audiometer; this distinguishes those with true defects of hearing from those who, for other reasons, gave an unsatisfactory test result with the gramophone. Those with defective hearing are referred to a school medical officer who supervises treatment when this is indicated. If hearing is still defective after re-test in spite of treatment, steps are taken by one of the teachers of the deaf to make sure that the child is receiving all the help possible in his education. The needs of each child have to be considered individually and what may be appropriate for one child may not be right for another with a very similar defect. Such matters are involved, for example, as the level of intelligence.

The teacher of the deaf and the teacher in the school need to co-operate closely if the best is to be done for the child. In some cases a seat on the front row may be all that is necessary while others may require a hearing aid and lessons in lip-reading. Education in a school for partially-deaf pupils is only necessary for those who cannot be helped by these means.

This year an interesting experiment was arranged in order to assess the relative value of group tests with gramophone audiometer and the "sweep" test, for testing considerable numbers of children. The "sweep" test is a shorter, modified, individual test on the pure tone audiometer. All three teachers took part and tested altogether some 1,500 children. Each child was tested by both methods, and the results compared. It was found that in bringing significant hearing defects to light there was little to choose between the two, though the "sweep" test gathered more of the very minor defects of hearing, compared with the gramophone. Many workers are in favour of the "sweep" test; the instrument is more portable, is easily installed, and extraneous factors such as a low intelligence quotient, poor writing ability and lack of muscular control, all of which can, at times, vitiate the gramophone test results, are excluded. On the other hand, the "sweep" test is slower in our experience, though it is known that there is considerable difference of opinion as to the relative speed of both tests. So far as accuracy is concerned, as already stated, the "sweep" test is more efficient than the gramophone only with the smallest defects of hearing. The "sweep" has one great drawback, it is tedious in the extreme if carried on for any length of time, and it is most important not to overlook this aspect from the worker's point of view. The gramophone audiometer is far from ideal as a means of testing the hearing of large numbers of children but our three teachers are not yet convinced of the overall advantages of a change over to the "sweep" method. It is clear, however, that for younger children who cannot be tested by the gramophone satisfactorily, the "sweep" test is much better.

The following extracts are taken from the reports of the three teachers :—

MR. E. R. WALL.

"During the year classes were held at Centres in Bamber Bridge, Kirkham, Fleetwood, Longridge, Clitheroe, Padiham, Nelson, Colne, Bacup, Rawtenstall, Tottington, Rishton, Darwen and at Singleton Hall Special School, for children in need of instruction in lip-reading and the use of hearing aids. Classes are due to be formed in Chorley and Accrington in the near future and further courses will be required in most of the other centres. One child, at Colne, is being visited weekly at his home. He is totally deaf following meningitis and is partially paralysed.

"As it is sometimes difficult to obtain clinic accommodation at convenient times and owing to the necessity for carrying out urgent tests all over the area, the lip-reading sessions were maintained on a fortnightly basis, thus covering the whole area more or less permanently. This arrangement appears to be satisfactory.

"A certain amount of time has had to be spent this year in checking with headteachers and others on the progress of children recommended for lip-reading, favourable class position, and so on.

"Attendance has, on the whole, been good, though in a few individual instances irregular attendance has wasted much time.

"It will be noticed that much less surveying has been carried out—this is mainly due to heavy demands for pure tone testing and lip-reading. Though figures of lip-reading attendances are small, it must be remembered that in some districts there will only be very few children requiring help. The time required to hold such a class is as much as for a larger one in a more densely populated area. Most classes in this area are small—average being three or four. There may be six or seven in the centre but it is most likely that the degree of deafness, age, etc., will require them to be split into two groups.

"One problem in relation to the formation of lip-reading classes is that a certain length of time must be allowed for medical treatment. At least two tests are normally required before lip-reading can be recommended.

"Certain changes in itinerary and rearrangement of classes have enabled more survey work to be carried out since the close of 1953. It is hoped that, in 1954—provided special work and meetings do not intrude too much—to survey between 110 and 120 schools in the year, *i.e.* 6 per fortnight; without altering the amount of lip-reading and pure tone work in progress and without losing touch with schools.

"There does not appear to be any falling off of the demand for lip-reading or testing, in point of fact, demand seems to be increasing."

MR. J. J. FINIGAN.

"The group survey work with gramophone audiometer is progressing well, although the interval between surveys is tending to lengthen. The headteachers and staff continue to show themselves most interested and co-operative, and the method continues to find children who have defective hearing, and to ensure that they can be helped.

"One feature of the phase of the work concerned with pure-tone testing has been the gradual increase in the number of children referred for tests by medical officers. Not all of these have needed educational help but many who have been shown to have hearing defects have subsequently benefited from medical treatment, thereby in many cases preventing more serious trouble in later years. In addition, a steady flow of children has continued to be shown to be in need of educational help, taking the form of a favourable class position, or lip-reading lessons, or the issue of a hearing-aid.

"Lip-reading classes have been held in 10 centres during the year, in addition to a weekly lesson for one girl in Boundary Park Hospital, Oldham, until she went to a convalescent home. Attendances continue to be fairly steady, but bad weather, combined with distance has served to reduce them. It is, however, impossible to find a centre which is equally convenient for all children, so that some have to travel further than others. Most of the children do show some improvement from these classes, and appear to enjoy them.

"*Hearing-aids.* During the year 13 children were issued with hearing-aids, and given training in using them, in most cases with success. The policy here would seem to be of caution and moderation in the early use of the hearing-aid so that the child can gradually become accustomed to it and so avoid taking the violent dislike to it which can cause trouble in some cases. By 'hurrying slowly' children can be shown that the hearing-aids do help them, and they gradually come to appreciate the advantages to be gained from wearing them."

MISS JOHNSON.

"Lip-reading classes were held in Widnes, Huyton, Ashton-in-Makerfield, Westhoughton, Woolston and Eccleston. The courses in Woolston and Eccleston were completed early on but those at Widnes, Huyton, Ashton and Westhoughton were continued to the end of the year as new children were admitted in place of those who had completed the course.

"Later, new classes were started in Litherland and Culcheth. I find that a certain number of children in some of these classes require lip-reading continuously owing to their greater loss of hearing. As far as possible I have kept these classes going even when the numbers attending have, for various reasons, been somewhat depleted.

"I have found the same difficulty as before in keeping up to date with the gramophone audiometer testing in the schools, and have concentrated on the lip-reading classes and the pure tone audiometer testing, visiting as many schools as possible in the time remaining."

Epileptic Pupils.

Most children suffering from epilepsy are able to attend an ordinary school because their attacks are adequately controlled by medical treatment or they may not occur in the daytime. Only those children whose symptoms, in spite of treatment, prevent them from receiving their education in ordinary schools, need to be admitted into a special school. Since 1951 it has been possible to deal with Lancashire children in the special school set up by the Committee at Sedgwick House.

There has been a comparatively high proportion of serious cases, some with the additional problems of behaviour disorders or educational subnormality. On the whole, progress has been good, both educationally and medically and this reflects great credit on the staff in meeting their special difficulties.

Staffing problems became acute during the summer and it was necessary to postpone the re-opening of the school after the holiday for this reason. This is a common difficulty in epileptic schools as it is much harder to find suitable applicants for posts than in any other type of school. This is but one aspect of the general situation in which those who suffer from epilepsy find themselves. Although the public attitude to the epileptic is steadily becoming more enlightened there is still a widespread desire to avoid association with him and this has its effect in preventing many from applying for posts in epileptic schools who would otherwise do so.

Physically Handicapped Pupils.

There are three residential special schools for physically handicapped children, one for girls at Kepplewray, Broughton-in-Furness, one for junior boys at Bleasdale House, Silverdale, and one for senior boys at Singleton Hall, Poulton-le-Fylde. The total number of places was 95, increased to 115 with the completion of the new building at Kepplewray early in 1954. About half of the children suffer from cerebral palsy so that in each school there is a group of considerable size, requiring specialised treatment for this disability.

BLEASDALE HOUSE.

The following is a joint report of the Matron, Miss G. I. Davidson, and the Head Teacher, Miss H. Brown :—

“ The school opened for the New Year with 25 boys on roll. During the year 26 boys were admitted and 12 were discharged, six of whom were boys of 11 years of age or older who were transferred to Singleton Hall. There were 34 boys on the roll at the end of the year.

“ The three groups formed at the end of 1952 continued as before, that is, a class of older juniors, a group of the most mentally retarded juniors and an infant class. Miss M. T. Hayward was appointed as teacher for the infant class and took up her duties with a group of beginners whose ages ranged from 4½ to eight years. Throughout the year these groups remained much the same, except for the minor changes necessitated when boys were transferred to Singleton Hall on reaching 11 years of age and younger children were admitted to the lowest age group.

“ Of the out-of-school activities the most noticeable change was that the Scout Troop became a Cub Pack, so that this year the St. George's Day Service was specially arranged for the Cubs. The County Commissioner and his assistants attended the Service in which everyone took part. Meeting the Commissioner was a great event for the boys.

“ Whereas the older boys had been able to visit the local football matches and watch the Silverdale Cricket Club's games, these younger children have needed a different form of week-end entertainment. The estate-car has been used much more frequently for these children and has been a great service in enabling parties of children to be taken for short drives through the neighbouring countryside. The film projector was used for shows during winter week-ends and at holiday periods.

“ Advantage was taken of Coronation Year to have special treats, one of which was a Coronation Party for the boys and their parents. A television set was installed at this time. The children's programmes are greatly enjoyed, especially on dark evenings and during wet weather.

“ The annual summer outing this year was spent by the sea at Cleveleys and this, for many of the children, was an entirely new experience. Another very enjoyable and memorable occasion was the puppet show presented by the Principals of the ' Roel Puppets ' of Cheltenham to which we invited 30 children from the Silverdale Church of England School. Later in the term these children came to Bleasdale House and delighted the boys with their presentation of a Nativity Play with carols.

“ In June, Miss J. Sharp joined the staff as Deputy Matron and in September, Miss M. Barber commenced her work as speech therapist, attending on three days each week until the end of the year. Mrs. Rothwell continued to attend as visiting physiotherapist.

KEPPLEWRAY.

The following is a joint report presented by the Matron, Miss N. E. Dent and the Head Teacher, Miss G. Abraham :—

“ The work of the school has continued during the year 1953 on the lines already established. Our numbers have been complete and the girls have worked steadily, overcoming difficulties and in most cases making very satisfactory progress, during this second complete year of our existence as a school.

“ The 20 girls have worked in two classes with special groups for art, craft and music. The wide range of age, ability, nature and severity of handicap necessitate individual approach and methods and apparatus have been adapted to meet each girl's requirements. The grounds of Kepplewrays have provided a centre of interest for nature study and whenever possible classes were held out of doors.

“ One girl was awarded a prize in a local art competition for her original design, and two girls have qualified for their 2nd Class Badge in Guides and are deputy Patrol Leaders.

“ A radiogram, with speaker to the second classroom, enabled use to be made of suitable broadcast lessons. Percussion band work has started in both classes. We have acquired an old but useful typewriter and a television set was installed in time for the Coronation. We are supplied with a monthly box of books by the Ulverston County Library and gifts from visitors and friends are helping us to build up a school library and to cultivate the love and care of books.

“ On Coronation Day all watched the crowning ceremony on television and then joined in the village celebrations, four of the girls taking part in the play ' Peddler's Progress ' which the Guides presented in the Village Square.

“ Many places of interest have been visited during the year including Barrow shipyard to see the launching of the ' Orsova ' ; a trip to Ravenglass, part of the journey being made by the narrow gauge railway, visits to the cinema to see the Coronation Film ' Elizabeth is Queen ' and the ' Conquest of Everest. ' Guy Fawkes Day was celebrated in traditional style as also was Christmas which included a visit from Father Christmas. At the Christmas Concert and Party the girls gave a Christmas play and sang songs and carols.

"The year has been a happy one. In most cases the girls have shown marked improvement not only in school work but in self-reliance, initiative and their general attitude to life. We have all watched with interest the building of the extensions which we expect to occupy with increased numbers during 1954."

SINGLETON HALL.

Reports from the Matron, Miss L. E. Cooper, and the Head Teacher, Mr. J. H. Fortescue, are given below :—

Miss Cooper.

"In September, 1952, Singleton Hall welcomed its first pupils ; six senior boys transferred from Bleasdale House. Further groups of six soon followed, so that by February, 1953, we had 30 boys in the school, increasing to 35 later in the year. These boys represented 10 differing types of physical handicap. As 11 of our number were cases of cerebral palsy, we were very glad to welcome a speech therapist and later a physiotherapist to our staff, each working with us two days a week.

"The grounds of Singleton Hall are much more extensive than Bleasdale House and the boys, as seniors, enjoy and appreciate the wider scope and freedom we are able to give.

"By making application to the Ministry of Pensions we were able to acquire hand-propelled wheel-chairs or adult tricycles for all suitable cases. With the consent of their parents the older boys of our numbers are allowed to go outside the grounds with the chairs, our aim being to foster a spirit of independence and self-reliance ; so that when the time comes to leave school they have gained confidence before taking their place in the outside world.

"During the year, four boys have reached school-leaving age. Two have been admitted to the Derwen Training College at Oswestry, another is apprenticed to an electrical engineer, dealing largely with repair work and another very seriously handicapped boy is working a machine of his own in a slipper factory.

"From the very first, we have been met with great kindness from the people around about us. Our local Women's Institute gave us a large screen projector type of television set, which has given great pleasure to the boys.

"In the winter months film nights are very popular. The table tennis set is also a means of happy indoor recreation and we are often amazed at the speed and agility with which the wheel-chairs can be moved during the game.

"We celebrated our first Anniversary Party on September 22nd, when members of the Bleasdale House staff were able to join us. We have been most fortunate in having this very happy co-operation between the two schools and we owe a great deal to Miss Davidson and Miss Brown for all they have done to help us with the launching of Singleton Hall. We endeavour to mix whenever possible, so that the Bleasdale House children may know us when they are transferred to Singleton Hall and also that the Bleasdale House staff may see their 'old' boys as they grow and develop at Singleton Hall.

Mr. Fortescue.

"Our first full year as an established school has been one of consolidation, and many difficulties have been largely overcome. The great differences in mental ability, educational attainment, the differing physical handicaps and mobility of the boys, presented problems in class arrangement that seemed almost insoluble. However, we now have three classes arranged according to attainment and this appears to work quite well. Mr. P. G. Squirell joined our staff in January, and when Mr. Sharples was appointed Headmaster at Broughton Tower, Mrs. J. L. Aird was appointed in his place.

"At the beginning of 1953 we had 20 boys, but by the end of the year this had risen to 35, 21 of whom were various types of 'spastics' with 16 boys in wheel-chairs. Two boys were withdrawn by the medical officer during the year and one boy unfortunately died while at home on holiday.

"The curriculum is based as far as possible on the secondary modern school lines. As some of the boys have little or no knowledge of the basic subjects when they come from home, the teaching is individual. Fortunately many boys come to us from Bleasdale House School and have, therefore, been given a good start. Light crafts have been introduced and it is hoped that a start will soon be made with a woodwork class.

"Many interruptions have necessarily occurred in the general day to day arrangements. These include boys leaving the class for physiotherapy and speech therapy and great improvements have been noticed as a result. Several school visits were arranged such as to the Blackpool Air Display where Neville Duke 'broke the sound barrier,' to the Parish Church to see replicas of the Coronation Regalia, to the Poulton Cinema with other school children to see 'A Queen is Crowned' and to Lake Windermere on our school outing. All these were thoroughly enjoyed and had educational value as well."

ANNUAL REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1953.

The Principal School Dental Officer, Mr. L. B. Corner, reports as follows :—

General.

The work of the Dental Branch of the School Health Service continued to advance during 1953, the returns show further increases when compared with previous years. The continued improvement in the amount of treatment carried out is partly related to an increase in the total sessions devoted to the dental treatment of school children and partly to an all-round intensification of effort. The decision of the Committee, implemented in February, 1953, to improve conditions of service relating to part-time dental service, resulted in a substantial increase in recruitment of this class of officer. The number rose from 13 at 31st December, 1952, to 24 at 31st December, 1953. Unhappily, there was an accompanying fall in the number of full-time officers from 35 at 31st December, 1952, to 31 at 31st December, 1953. Despite this, however, it was possible to reopen the clinics at Davyhulme, Irlam and Royton and to re-commence treatment at the newly-adapted clinic at Whitefield. It cannot be claimed that a full service is possible but the three clinics mentioned had been closed, due to staff shortage, for a period of years, and the reinstitution of treatment was an important step.

An analysis of the resignations of full-time staff shows that—one officer retired on age grounds, one officer obtained a senior appointment with another Authority, one officer left the County service to train as an orthodontist, and one officer transferred to another Authority for domestic reasons.

Replacement by full-time officers proved impossible but, by means of part-time appointments, the net result of recruitment over wastage was a total Dental Officer Staff of 39·86 at 31st December, 1953, as compared with 38·75 in 1952—an increase of the equivalent of 1·11 Dental Officers. Notwithstanding these fluctuations, there has been a marked increase in the volume of work done.

The general trend of Dentistry as a whole showed an alteration during 1953 and there is no doubt that, to the extent indicated, the service benefited by the opportunity to recruit part-time officers. It is well to bear in mind, however, that part-time service is readily affected by external factors and is less likely to ensure that continuity so desirable in the treatment of children.

One alarming feature of the staffing position is the increasing difficulty of securing full-time recruitment in the industrial areas of the County. The drift of officers is tending, now that a universally applied scale of salaries has been arrived at, towards areas of the country where other amenities are available. While it cannot be denied that this trend has always existed it was, in the past, to some extent averted by differentials in conditions of service. The only interim answer to this problem appears to lie in the continuation and expansion of part-time service.

Increase in School Population.

The numbers of children continue to rise and there is also an increase in the number of schools now operating in the County. Last year a comparative table was given, showing numbers of children on roll and numbers of Dental Officers, and it is of interest to bring the table again to notice in a slightly altered form. The immediate post war year of 1946 is taken for comparison with the last two years :—

Year.	Children on School Rolls.	No. of F.T. Dentists.	No. of P.T. Dentists.	F.T. Equivalent.	No. of Schools.
1946	235,399	35	16	40·90	1,174
1952	285,747	35	13	38·75	1,212
1953	293,582	31	24	39·86	1,226
Increase or decrease over 1946	+58,183	—4	+8	—1·04	+52

The table shows that, while numbers of children increased by 58,183 and schools by 52, when 1953 is compared with 1946, the effective force of Dental Officers dropped to 39·86 in 1953, compared with 40·9 in 1946. In other words, the proportion of children on roll to each dental officer was 7,365 in 1953, compared with 5,755 in 1946.

Establishment.

An important feature of 1953 was the Committee's decision to reconsider the entire staffing situation in the Dental Service. It was decided that, despite the difficulties present, allowance should be made for eight additional dentists in the 1954-55 estimates and that, thereafter, as necessary, a review should take place, in order that recruitment could keep pace with any availability of staff.

Dental Anaesthetics.

In arranging a part-time service, expanded to the extent it must be in the County at the moment, the administration of general anaesthetics becomes a problem. The customary practice of one officer giving anaesthetics for another, as in whole-time service, cannot be carried out, due to the difficulty of

limited sessions and the impossibility of co-ordination. This situation has been met by continuing the practice of employing part-time anaesthetists as a means of securing the maximum amount of treatment from a limited dental staff.

DENTAL SERVICES.

Dental Inspections.

There were 101,348 routine dental inspections carried out this year, compared with 100,905 in 1952, but, in addition, examination of special cases rose from 21,777 in 1952 to 26,312 in 1953.

The increase in 'special' cases is not in any way an advantageous rise, as such cases usually attend for reasons of toothache and are largely due to the steadily increasing gap in routine inspections. On the other hand, many of these cases, attending first because of toothache, become regular patients at the clinic because of the help given when trouble arises.

During 1953, 38.33 per cent. of the schools in the County and 34.52 per cent. of the children on roll received routine dental inspection as against 37.8 per cent. of schools and 35.3 per cent. of children in 1952. Again it must be mentioned that during the year the number of schools rose from 1,212 to 1,226 and the number of children rose from 285,747 to 293,582. The latter figure accounts for the fall of 0.78 per cent. in the percentage of children examined though, in fact, 4,535 more children received examination as specials in 1953 than in 1952.

Acceptance Rate.

The fall last year in the overall acceptance rate was arrested during this year and has been replaced by a slight rise. The 1952 rate dropped by 5 per cent. to 70.7 per cent. but this figure has risen in 1953 to 72.21 per cent. It would, therefore, seem that the explanation in last year's report, relating the fall to increasing numbers referred and new areas and clinics being opened was, in fact, the most probable.

Dental Treatment.

The Annual Assessment of Treatment carried out shows that 1,492 additional sessions were devoted to dental treatment of school children in 1953, as compared with the previous year. A table showing a summary of the past three years is of interest, as it shows a considerable improvement in the volume of actual treatment and attendances at the clinics along with a comparison for the year 1951 :—

Year.	1951	1952	1953	Increase in 1953 over 1952	Increase in 1953 over 1951
All fillings	26,407	37,661	48,745	11,084	22,338
Number of teeth filled	24,058	34,348	44,490	10,142	20,432
All extractions	89,604	93,811	101,556	7,745	11,952
Extractions of permanent teeth for caries	14,770	15,627	19,869	4,242	5,099
General anaesthetics	32,099	34,309	37,147	2,838	5,048
Other operations	16,551	23,334	27,211	3,877	10,660
Individual children treated	49,196	53,087	57,991	4,904	8,795
Attendances	80,214	94,944	111,650	16,706	31,436
Equivalent of full-time officers	31.45	38.75	39.86	1.11	8.41

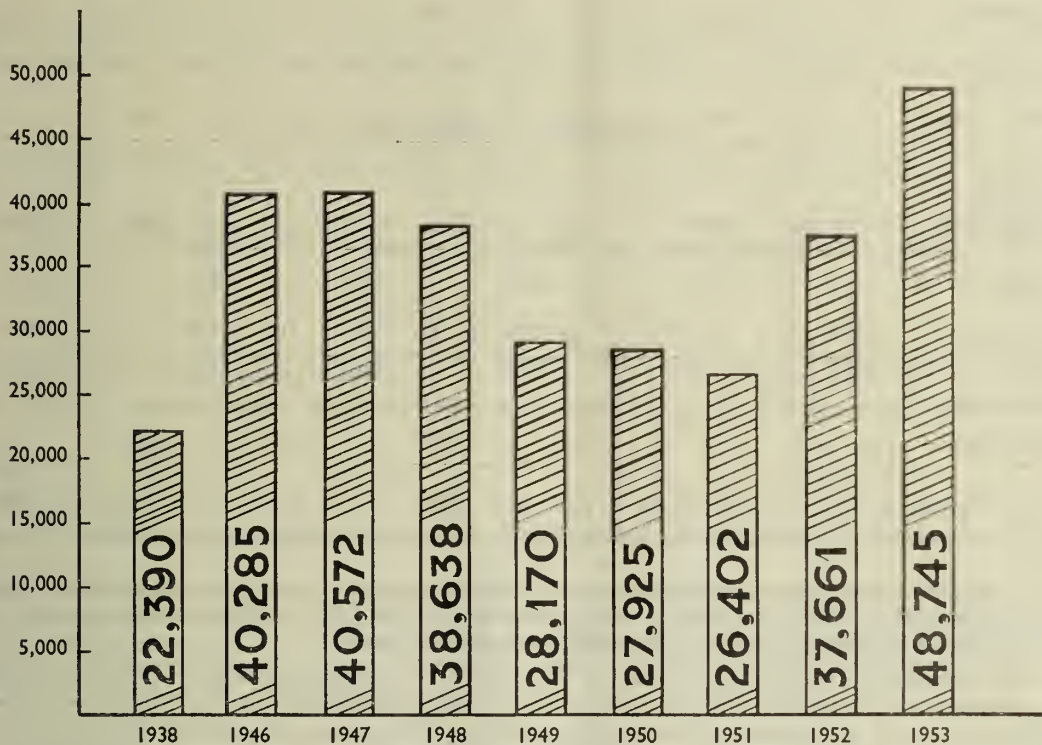
A Summary of Treatment expressed in terms of 100 patients is given in the following table, which also shows figures for the preceding two years, for purposes of comparison :—

Year.	Visits.	Fillings.	Extractions.	General Anaesthetics.	Other Operations.	Orthodontic Appliances other than Specialist.
1951	163	49	181	65	38	0.51
1952	178	64	176	64	43	0.65
1953	192	77	175	64	47	0.92

The interest in the foregoing is firstly the increase in the number of visits per child showing a rise in the intensity of treatment ; secondly, the rise in fillings, and thirdly, a fall in the extraction rate. This shows the trend in treatment, the filling rate is gradually rising in proportion to the extraction rate and while movement is slow admittedly, it is tending to move in the correct direction, *i.e.*, towards the preservation of teeth rather than their removal.

PROGRESS OF CONSERVATIVE DENTISTRY, 1938—53.

The diagram below shows that the rise in the average annual filling rate following the war was only maintained during the years 1946–47, the decline had in fact started in 1948, the lowest point being reached in 1951.



The diagram illustrates that, in 1953, the gross number of completed fillings exceeded that of the year immediately prior to the introduction of the National Health Service by 8,173. The impact of the losses sustained in the years 1949–51 are well evidenced and it will take much time and labour to repair them.

Orthodontics.

The Reports of the Orthodontic Specialist Officers make it quite clear that this branch of the Service is also under heavy pressure. All waiting lists had to be closed during 1953 but improvement, even under these circumstances, was made possible by the Committee's decision to open an additional part-time clinic in Preston ; this was important in assisting patients in the north-western areas to obtain the necessary treatment as previously all such patients had to travel to Blackburn.

The disposal of this specialist service is now as follows :—

North-Western Area	{ Blackburn area	... ..	2 sessions per week.
	{ Preston and Northern area	... ..	2 sessions per week.
South-Eastern area	... Failsworth and Manchester areas	... ..	8 sessions per week.
South-Western area	... Huyton, Waterloo, Liverpool areas	... ..	3 sessions per week.

The Specialist Orthodontic Staff, therefore, amounts to the equivalent of 1.36 full-time officers. The present system is based entirely upon part-time staff and, as demand increases and orthodontists become available, it may be that consideration will have to be given to supplementing part-time specialists with full-time orthodontists.

The Annual Comparative Table on Orthodontic Services is appended and it will be noted that, in this branch also, there is a marked improvement in returns.

Mr. Hodgkins joined the staff in September 1953, so that his contribution to the year's working was only some four months.

Clinic.	Treatment Sessions.	Individual Cases.	Attendances.	New Cases.	Completed Cases.	New Appliances.
MR. SOFTLEY.						
Huyton	83	156	773	60	25	120
MR. SOFTLEY.						
Waterloo	38	80	391	38	11	58
MR. MILLS.						
Failsworth	189	203	1,319	65	24	207
MR. ROWE.						
Failsworth	194	212	1,026	72	27	116
MR. ROWE.						
Preston	28	69	119	18	11	11
MR. HODGKINS.						
Blackburn	96	118	496	36	20	59
TOTAL	628	838	4,124	289	118	571

In addition to the cases recorded above, the dental officers have, this year, made a most valuable contribution to this work, individual cases treated amounted to 1,481 and 535 appliances were fitted ; these figures are a marked improvement on 1952 and previous years.

The plan of the Orthodontic Scheme in the County is to encourage dental officers to undertake such cases as they feel to be within their powers and for this purpose they may refer cases to the specialists for advice and, if necessary, treatment planning. Cases may, at any point, be referred to the specialists for advice and consultation. Where special difficulties exist the specialists take over the entire management of the case. Under this system the maximum use is made of available resources, a matter of great importance in present conditions.

The growth of this service can be appreciated by reference to Dr. McAsh's annual report on the Dental Service for the year 1947 (the first complete year of the Orthodontic Service). In that year 182 attendances were made, 14 cases were completed, and 38 appliances were fitted. In 1953, 4,124 attendances were made, 118 cases were completed, and 571 appliances fitted in the specialist clinics alone. If the figure for routine treatment cases be added, it will be seen that a total of 2,319 individual cases were treated and 1,106 new appliances were fitted.

Much further work remains to be done before the Orthodontic Branch can adequately cope with demand but progress is being made towards that end.

Dental Staff Meeting.

This year the annual meeting of whole-time staff was held in East Cliff County Offices and, after a brief general discussion, a display of recent films illustrating various techniques and operative methods was given by the Health Education Service of the Department. At the afternoon session a lecture, followed by discussions and questions, was given by Mr. G. L. Slack, O.B.E., T.D., F.D.S., D.D.S., Senior Lecturer in the Department of Preventive Dentistry, University of Liverpool.

Maternity and Child Welfare Treatment.

In addition to the work carried out for school children and set out in Table 5 appended to this report, the dental officers have undertaken duties under Section 22 of the Health Service Act. One hundred and sixty-nine sessions have been devoted solely to examination and advice on Dental Health as an important feature of the general policy of the scheme and 503 sessions were devoted solely to the

treatment of pre-school children and nursing and expectant mothers. Again there has been an overall improvement in the returns of treatment and attendances but a full intensification of effort has not been possible on the grounds of the heavy demands already being made upon the service.

Comparative returns for the past three years are tabulated as follows :—

EXPECTANT AND NURSING MOTHERS.

Year.	Inspected.	Treated.	Attend- ances.	Fillings.	Extractions.	General Anaesthetics.	Dentures.	
							Supplied.	Repaired.
1951	2,059	1,199	3,095	562	2,579	545	334	10
1952	2,551	1,434	3,677	831	3,113	634	380	21
1953	2,703	1,656	4,277	972	4,299	803	430	16

PRE-SCHOOL CHILDREN.

Year.	Inspected.	Treated.	Attendances.	Fillings.	Extractions.	General Anaesthetics.
1951	3,762	2,824	4,563	953	4,237	1,875
1952	3,531	2,984	4,960	1,371	4,215	1,804
1953	4,010	3,085	5,439	1,522	4,281	1,795

Summary.

The year under review has, on the whole, been one of improvement. The decisions taken on matters of clinics and establishment have been a heartening contribution to the development of the Service.

The conservation of the children's dentitions has been promoted this year by an additional 22,338 fillings, as compared with 1951, and the figure for the year immediately preceding the introduction of National Health Services has now been surpassed by 8,173 fillings. The Orthodontic Service has climbed steadily from its beginnings in 1947 with 182 attendances to this year's 4,124. From 38 orthodontic appliances fitted in 1947 the number has mounted to 1,106 in 1953.

This year, 111,650 attendances were made by children for dental treatment at County Council clinics, and 41,677 parents were interviewed regarding treatment.

All these are encouraging features, but the major task of giving a minimum of annual coverage still lies ahead and every avenue to eliminate dental disease and its effects must be actively explored.

Conclusion.

The statistics given of this year's operation of the Dental Scheme show that, far from there being a diminution of demand for treatment in the clinics maintained by the Authority, the desire for treatment is rising and the greatest difficulty lies in providing a service in the clinics for those who desire it.

Thanks are again due to all those who, by their co-operation, help and encouragement, have contributed towards the progress of the work carried out this year.

APPENDIX.

STATISTICAL TABLES IN RESPECT OF THE PERIODIC MEDICAL
INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS DURING THE YEAR ENDED 31ST
DECEMBER, 1953.

Table 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—Periodic Medical Inspections.

Number of Schools in which Periodic Medical Inspection was completed	...	...	...	...	...	...	...	865
Number of Inspections in the prescribed Groups—								
Entrants	...	...	...	...	...	...	...	35,726
Second Age Group	...	...	...	...	...	...	...	23,104
Third Age Group	...	...	...	...	...	...	...	16,931
Total	...	...	...	...	...	...	...	75,761

Number of Parents present 30,518

B.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	...	39,204
Number of Re-inspections	...	...	...	...	...	...	49,754
Total	...	...	...	...	...	...	88,958
Number of Parents present	...	...	...	...	...	...	25,349

C.—Pupils Found to Require Treatment.

NUMBER OF *Individual Pupils* FOUND AT *Periodic Medical Inspection* TO REQUIRE TREATMENT
(EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group.	For Defective Vision (excluding squint).	For any of the other conditions recorded in Table 2 (A).	Total (Individual pupils).
Entrants	299	4,637	4,839
Second Age Group	1,344	2,004	3,197
Third Age Group	941	1,217	2,093
TOTAL	2,584	7,858	10,129

Table 2.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1953.

Periodic Inspections. Special Inspections.
Number of Pupils examined ... 75,761 39,204

Disease or Defect.	Periodic Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
Skin	973	1,066	4,514	270
Eyes—				
Vision	2,584	3,305	1,645	823
Squint	462	935	280	143
Other	311	436	1,088	183
Ears—				
Hearing	231	523	366	257
Otitis Media	143	309	383	69
Other	233	378	757	123
Nose or Throat	1,972	7,641	2,891	1,382
Speech	206	577	411	215
Cervical Glands	132	3,641	109	347
Heart and Circulation	115	1,101	238	296
Lungs	293	1,724	518	417
Developmental—				
Hernia	80	209	23	34
Other	79	626	82	98
Orthopædic—				
Posture	254	789	58	82
Flat-foot	835	1,374	312	260
Other	823	2,030	1,004	412
Nervous System—				
Epilepsy	12	59	22	42
Other	65	283	131	151
Psychological—				
Development	61	305	159	216
Stability	36	395	135	109
Other	1,301	1,946	6,208	2,329
TOTAL	11,201	29,652	21,334	8,258

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE
YEAR IN THE AGE GROUPS.

Age-Groups.	Number of Pupils Inspected.	A (Good).		B (Fair).		C (Poor).	
		No.	%	No.	%	No.	%
Entrants	35,726	15,045	42·11	20,119	56·31	562	1·57
Second Age-Group	23,104	9,780	42·33	12,967	56·12	357	1·55
Third Age-Group	16,931	8,338	49·24	8,321	49·15	272	1·61
TOTAL	75,761	33,163	43·77	41,407	54·65	1,191	1·57

Table 3.

INFESTATION WITH VERMIN.									
Total number of visits paid to schools by the school nurses	...	...	...	...	...	...	...	...	9,468
Average number of visits per school made during the year by the school nurses	...	...	...	...	...	...	...	...	7.7
Total number of examinations in the schools by the school nurses	...	...	...	...	...	...	...	...	587,975
Total number of individual pupils found to be infested	...	...	...	...	...	...	...	...	14,353

Table 4.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS) DURING THE YEAR ENDED 31ST DECEMBER, 1953.

Group I.—Diseases of the Skin (excluding uncleanness).

								Number of cases treated or under treatment during the year by the Authority.		Number of cases treated or under treatment during the year otherwise.
Ringworm—										
(i.) Scalp	...	...	...	...	...	...	...	13	...	5
(ii.) Body	...	...	...	...	...	...	...	65	...	9
Scabies	...	...	...	...	...	...	...	90	...	12
Impetigo	...	...	...	...	...	...	...	1,914	...	15
Other skin diseases	...	...	...	...	...	...	...	6,338	...	189
Total	...	...	...	...	...	...	...	8,420	...	230

Group II.—Eye Diseases, Defective Vision and Squint.

								Number of cases dealt with by the Authority.		Number of cases dealt with otherwise.
External and other, excluding errors of refraction and squint	...	...	...	...	...	...	...	4,314	...	73
Errors of refraction (including squint)	...	...	...	...	...	...	...	17,655*	...	762
Total	...	...	...	...	...	...	...	21,969	...	835
Number of pupils for whom spectacles were—										
(a) Prescribed	...	...	...	...	...	...	...	10,990*	...	511
(b) Obtained	...	...	...	...	...	...	...	9,331*	...	327

Group III.—Diseases and Defects of Ear, Nose and Throat.

								Number of cases treated by the Authority.		Number of cases treated otherwise.
Received operative treatment—										
(a) for diseases of the ear	...	...	...	...	...	...	...	—	...	61
(b) for adenoids and chronic tonsillitis	...	...	...	...	...	...	...	—	...	3,288
(c) for other nose and throat conditions	...	...	...	...	...	...	...	—	...	139
Received other forms of treatment	...	...	...	...	...	...	...	3,443	...	570
Total	...	...	...	...	...	...	...	3,443	...	4,058

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	...	...	...	...	...	...	...	...	141	
								Number of cases treated by the Authority.		Number of cases treated otherwise.
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	...	...	...	...	...	...	...	4,162	...	489

Group V.—Child Guidance Treatment.

								Number of cases treated in the Authority's Child Guidance Clinics.		Number of cases treated elsewhere.
Number of pupils treated at Child Guidance Clinics	...	...	...	...	...	...	...	227	...	24

Group VI.—Speech Therapy.

								Number of cases treated by the Authority.		Number of cases treated otherwise.
Number of pupils treated by Speech Therapists	...	...	...	...	...	...	...	1,330	...	4

Group VII.—Other Treatment Given.

								Number of cases treated by the Authority.		Number of cases treated otherwise.
(a) Miscellaneous minor ailments	...	...	...	...	...	...	...	23,067	...	749
(b) Other	...	...	...	...	...	...	...	836	...	566
Total	...	...	...	...	...	...	...	23,903	...	1,315

Table 6.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN
BOARDING HOMES.

		Blind.	Partially Sighted.	Deaf.	Partially Deaf.	Delicate.	Physically Handicapped.	Educationally Subnormal.	Maladjusted.	Epileptic.	Total.
<i>During 1953—</i>											
Handicapped Pupils—newly placed in Special Schools or Homes		3	8	17	14	188	42	92	2	6	372
Newly ascertained as requiring education at Special Schools ...		4	11	7	17	210	49	227	11	8	544
<i>On 1st December, 1953—</i>											
No. of Handicapped Pupils :—											
(i.) attending Special Schools as—											
(a) Day Pupils ...	...	...	11	14	15	473	58	112	...	...	683
(b) Boarding Pupils ...	...	39	33	120	51	55	89	136	5	35	563
(ii.) attending Independent Schools ...	...	...	...	...	...	...	...	11	16	...	27
(iii.) boarded in Homes ...	...	...	...	...	...	3	1	2	4	...	10
Total ...	...	39	44	134	66	531	148	261	25	35	1,283
No. of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—											
(a) in hospitals ...	...	...	...	...	...	...	8	...	...	1	9
(b) elsewhere ...	...	...	...	...	...	4	37	2	1	...	44
No. of Handicapped Pupils requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition)		6	14	10	11	85	61	504	22	13	726

Number of children reported during the year under the Education Act, 1944—

(a) Section 57 (3), excluding any returned under (b)	...	169
(b) Section 57 (3) relying on Section 57 (4)	...	Nil
(c) Section 57 (5)	...	25

